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County Borough of Southampton.

Annual Report

ON

SCHOOL MEDICAL WORK

For the Year 1935,

BY

H. C. MAURICE WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.,

School Medical Officer, and Medical Officer of Health

FOR THE

County Borough and Port of Southampton.

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COUNTY BOROUGH of SOUTHAMPTON.

1935.

ANNUAL REPORT

OF THE

Medical Officer to the Education Committee

ON THE

SCHOOL MEDICAL SERVICE.

STAFF.

Medical Officer of Health and School Medical Officer :—

H. C. Maurice Williams, M.R.C.S., L.R.C.P., D.P.H.

Senior Assistant School Medical Officer :—

J. D. Dear, M.B., CH.B., D.P.H.

Assistant School Medical Officers :—

W. Stewart, M.B., CH.B., D.P.H.
Esther Ashworth, M.B., CH.B., D.P.H., D.T.M.
†S. Chalmers Parry, M.R.C.S., L.R.C.P., D.P.H.
†Dora E. L. Bunting, M.D., B.S., D.P.H.
(† Secondary Schools only.)

Ophthalmic Surgeon (part time) :—

J. Keyms, M.D., D.O.M.S.

Aural Surgeon (part time) :—

R. Evans, M.D., F.R.C.S. (Ed.), D.L.O.

Orthopædic Surgeon (part time) :—

H. Heber Langston, M.B., B.S., F.R.C.S. (Eng.).

Dental Surgeons :—

K. W. Eady, L.D.S., R.C.S., Senior Dental Officer.
L. J. Haworth, L.D.S., R.C.S.
H. E. Pickering, L.D.S., R.C.S.
Miss B. M. Davies, L.D.S., R.C.S.

Health Visitors and School Nurses :—

Superintendent :—Miss C. M. Ritchie.

Assistant Superintendent :—Miss J. M. Evans.

Health Visitors :—Miss L. Preston, Miss M. Pink, Miss G. Bryett, Miss D. Quarrell, Mrs. E. Stephens, Miss L. Cambridge, Miss G. Steer, Miss E. Williams, Miss C. Jenkins, Miss A. Jackson, Miss A. Ryder, Mrs. M. Ridgeway, Miss R. Chapman.

East Park Terrace Clinic :—*Miss M. McLean.

Sydney House Clinic :—Miss M. C. Samson.

Orthopædic Nurse and Masseuse :—Miss G. Simons.

Assistant Nurses :—*Miss H. Vincent, *Miss M. G. Lauder, Miss B. Starkes.

(With the exception of those marked *, who are full time members of the School Medical Department, the Health Visitors give 4/15ths of their time to the School work.)

Clerical Staff :—

Senior Clerk :—J. E. G. Harris, A.C.I.S.

Assistant Clerks :—Miss J. A. Tingey, Miss F. French, Miss D. Reed, G. Follett.

Temporary Clerk :—G. Lane.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

As School Medical Officer to the Education Committee, I have the honour to present my fifth Annual Report, which is the twenty-eighth of the series dealing with the work of medical inspection, treatment, and the physical condition of the children attending the Elementary Schools in the County Borough, and the sixteenth Report on the work carried out in the Secondary Schools.

The School Medical Service during the year under review continued to work smoothly along the lines indicated in my previous Reports. Towards the end of the year conferences were arranged, to which all the medical and clerical members of the staff were invited to discuss together the various aspects of the work, and to consider any suggestions which might further increase the efficiency of the department.

In this preface to the Report it has become customary to summarize the main features, and to bring to your notice any matter of special interest appertaining to any particular section of the Service, including the various Clinics which cater for the health of the school child. Before doing so, it will be of interest to examine the progress of the School Medical Service since its inception in 1908 under the Administrative Provisions Act of 1907.

On comparing a photograph of a group of school children taken in 1906, and a similar group taken in 1935, without reference to statistics, the photographs alone show that the standards of general physique and clothing have undoubtedly improved beyond the conception of those who inaugurated the scheme.

In the Southampton School Medical Officer's Report for 1908 there is recorded a resolution by the Education Committee, that the Health Committee be requested to provide such medical and nursing assistance as was considered necessary for a School Medical Department, and that an annual payment of £300 be made for such assistance. The expenditure on the service for the year 1935 amounted to £8,180.

It is therefore reasonable that the Committee and the ratepayers should be supplied with some evidence justifying the increased expenditure by a comparison of the work that is now undertaken with that which was done during the first years of its existence, and showing whether or not the incidence of the physical defects in the school child has been reduced to a corresponding degree.

In 1908 the Public Elementary Schools of the Borough accommodated 17,729 scholars with an average attendance of 16,733. In 1935 accommodation was provided for 24,605 with an average attendance of 21,465, an increase of 4,732. There were then 25 departments, of which eight have since been closed; to-day there are 37 in the Borough.

Before dealing with the medical aspect of the work, your attention is directed to the improvements which have been effected in the school buildings. Hygienic conditions, increased cubic space allowed for each scholar, improvements in lighting and ventilation have all contributed to the greater well-being of the children, though many of the older schools are far from approaching modern standards. Much greater importance is attached to the value of fresh air, and the newer schools are built on approved open-air lines.

Physical education has progressed tremendously since the early days of the Service. Special organisers supervise this branch of education in order that the greatest benefit may be gained.

The Summer School, at Lee-on-the-Solent, is another great advance on the facilities provided for maintaining and improving the condition of the children, while very considerable extension of the supply of Free Meals has taken place since their institution in 1910.

Since the inception of the School Medical Service, the number of children medically examined in the code age groups, owing to re-arrangement, has not greatly varied. But nowadays, in addition to the inspection of children in the code age periods, many other inspections are carried out. In 1909, the first complete year, the number of examinations was 7,092, and the one school nurse employed by the Authority paid 809 visits to schools and homes. In 1935 there were, in addition to 6,910 routine inspections, 25,766 special or re-examinations; the dental surgeons saw 44,133 children at the Clinics or the Schools, the nursing staff, in the course of 4,873 visits to schools or homes, carried out 59,718 examinations for cleanliness, 8,856 children attended for dressings or remedial exercises, and the number of weighings carried out under the scheme for the provision of malt and oil was 6,320.

The total number of inspections, re-inspections, etc., was over 152,000.

A comparison of the height and weight of the children is a matter of general interest. In 1935, as compared with 1909, the average gain in height in the case of boys between the ages of seven and eight is 2½ins., and for the girls 3¼ins., while the boys in 1935 are 5½lbs., and the girls 5½lbs. heavier than the same group in 1909.

The actual figures are :—

	Height.	Weight.		
	ins.	st.	lbs.	ozs.
Boys—				
1909	44.8	3	5	0
1935	47.4	3	10	10.3
Girls—				
1909	44.3	3	3	8.3
1935	47.5	3	9	1.5

The medical findings of inspection in 1935 also reveal an improvement over the earlier years. The incidence of ear diseases in the years before the war was between 2 and 3 per cent. of the total children examined, but in recent years only about 1 per cent. have been referred for these ailments. Hearing difficulties were then found in between 4 and 6 per cent. of the children ; now in only about 2 per cent. Defects of the ear are therefore now only half as frequent in Southampton as in the earlier days of the Service.

The children's vision is of equal importance. Before the war the percentage of boys in the leaver group whose vision was 6/12 or worse ranged from 10.5 per cent. to 15.1 per cent. In the corresponding group the figure for 1935 is only 5.7 per cent., or less than half of the earlier figures.

I mentioned the question of nutrition at some length in my Report for 1933, but if I may return to it for the purpose of comparing the figures for 1908 with those for 1935. In 1908 the percentage of children whose nutritional condition was reported as " Good " or " Normal " was 82 ; in 1935, it was 91.5.

In 1908, 18 per cent. were recorded as having " Below Normal Nutrition," whereas in 1935 only 8.7 per cent were so recorded. Thus, without making any allowances for the higher standard concerning nutrition which is demanded to-day, it is gratifying to be assured that the number of children recorded as " Below Normal " has been reduced by one-half.

During the first years of the School Medical Service the lack of facilities for treatment frustrated to a great extent the aims of medical inspection ; over 50 per cent. of those who needed treatment were unable to obtain it, as is shewn by the reports for that period.

In 1909 it was noted that "280 instructions had been acted upon, and in the remaining 906 cases advice had not been obtained." But, during 1933-34, out of approximately 13,000 defects discovered, over 12,000 had been treated, and the remaining number were dealt with at the beginning of 1935.

Again, in 1914, it was reported that nearly 19 per cent. of those advised to obtain treatment had neglected to do so; in 1935 the figure had dropped to 4.2 per cent.

Another point in which improvement has been noticed is in the attendance of parents at inspection, where an increase of 12½ per cent. is recorded.

In 1908 information was given regarding the educational standard of the children, and, although no accurate comparison can be made with the figures given later, it is of interest to note that out of a total of 1,686 children there were 106, or 6.3 per cent., who, in their last school year, had gone no higher than Standard III, and 330, or 19.5 per cent., who had not advanced beyond Standard IV. To-day in our schools there are 127 children who have been certified as feeble-minded, but not ineducable in a Special School, and 191 children who, though found not to be mentally defective, were so retarded as to require special educational facilities; this represents 1.5 per cent.

Another striking advance of recent years is the attention paid to the child who, through some physical disability, is unable to derive full benefit from the education in an ordinary school, or for whom a change of environment is necessary. Such children are kept under regular supervision by the medical staff, special sessions being set aside for their examination, and, when necessary, arrangements are made for them to be admitted to an Open-air or other suitable school. At the end of 1935 there were 42 such children in the St. Catherine's Home, at Ventnor, and 57 were waiting admission. The total number of children who had enjoyed the benefits of a stay during the year was 100.

I would also refer to the fall in the national death-rate among the child population during the years 1911 to 1933. In 1911 the death-rate per 1,000 living between the ages of 5 and 10 years was 3.39; in 1933—2.19. In 1911 the death-rate per 1,000 living between the ages of 10 and 15 years was 2.09; in 1933—1.43. In other words, where three children died in 1911, two die to-day, and for this the social services, amongst which the School Medical Service is not the least, are chiefly responsible.

When the comparative size of the service then and now is considered, I think the Committee may feel that these benefits have been gained with the maximum of efficiency and economy. From medical inspection only the service has expanded, until to-day we have two main Clinics, two Branch Clinics, a ward at the Borough Hospital for operations, and many ancillary services. In 1909 the cost of each inspection by doctor or nurse was approximately 10½d., whereas in 1935 each inspection by doctor, nurse, or dentist cost approximately 1s. 1d., so that the improvement has been achieved at very little additional cost per inspection.

The success of a school medical department is dependant on the main work being organised on definite and routine lines, and to the best of our ability we arrange that the routine medical inspection takes place at a definite time of the year for a particular school and department, so that the Head Teachers know approximately when to expect the Medical Officer. Undue disturbance of the school curriculum is thus avoided. This also applies to the cleansing surveys, visits by the opticians, etc.

In the early part of the year the Department was faced with a disturbing factor by the disorganisation of the routine work which was bound to result from the diphtheria epidemic. Although it was realised that active immunisation would not of itself check the epidemic, it was felt to be a wonderful opportunity for getting the child population immunised. When the public realised how widespread the disease was last winter, they naturally made enquiries about the benefit of immunisation, and applied to have their children treated. I would like to make special mention of the medical, nursing and clerical staffs of the Department for the manner in which they so whole-heartedly assisted in carrying out this work, which resulted in our immunising between eight and nine thousand children in the space of a few months.

Regarding the epidemic itself, as the Borough had recorded a low incidence of diphtheria for a number of years, a recurrence was more or less expected, and other large towns with similar records suffered in the same manner. It will be remembered that the institution of immunisation was postponed in 1933, and it was not until 1934 that we inaugurated our scheme. Towards the end of 1934 the disease showed a very considerable increase, and at the beginning of 1935 the situation developed to the extent that we were getting as many as fifty cases a week, our accommodation at the Isolation Hospital was taxed to the utmost, and certain wards at the Borough Hospital and our accommodation at Millbrook Point had to be utilised to accommodate cases requiring hospital treatment. As a further effort to check the epidemic, it was advised that gargling twice a day should be instituted throughout all the schools in the Borough. A suitable gargling solution was despatched to all the schools. I want to thank the Head Teachers and their staffs for the whole-hearted support that they gave the Department in seeing that this was properly carried out by the children.

Most of the actual work of immunisation was carried out at the schools, but, in addition to this, special Clinics were held at East Park Terrace each day of the week.

Certain variations in the incidence of various defects are revealed by the statistical tables this year. The number of children referred for treatment or observation for Chronic Tonsillitis and/or Adenoids shows an increase. With changes in our medical staff, some variation might be expected, but the increase is considerably more than can be explained by this reason. For some time the amount of operation work at the Clinic and the various Voluntary Hospitals has decreased, and I think that this may be the reason that more children have been reported to acquire observation by the medical staff of the Department. In 1935 the number of operations reported by the Voluntary Hospitals was 128, whereas in 1933 the number amounted to 485.

A greater number of deformities, especially instances of flat feet, have been discovered. The increase in the prevalence of flat feet has been attributed to several causes ; the lack of general tone, the constant wearing of " Wellingtons " and " Plimsolls " are suggestions most often advanced ; these defects also exist in the pre-school children. Except in the most severe cases, the numbers are altogether too large for treatment to be given at the Remedial Exercises Clinic, and it does not seem practicable for these children to spend valuable time travelling to and from the outskirts of the Borough. Reference is made in the Report to the valuable results which have been obtained from special Remedial Exercises Classes at one or two of the schools. Children are admitted to these classes with the concurrence of the Medical Officer, and suitable exercises performed for a period each day ; thus the minimum of time is lost from study, and the exercises are done most effectively. Such classes are only suitable for the less severe cases, and there seems no reason why similar efforts should not be made in other schools. The improvement in the physical and mental alertness of the children attending these special classes has to be seen to be fully realised.

Further information revealed in the tables is that Ringworm, Scabies, and Impetigo show a decrease. In some other respects new records have been set up. The attendances at the main and branch Clinics during the year numbered no less than 63,000.

The position with regard to the Dental Service is not yet fully satisfactory. The percentage of acceptances is only 39.56, and not all of these children attended for treatment. Parents have been invited to discuss at schools the problem of the care of the teeth ; this effort elicited a response from only about 12 per cent. of the parents. That a better response can be obtained is shown by the table printed on page 37. Certain departments had very excellent figures, and the attention of all concerned in the work is directed to this table. Teachers, medical officers, dentists, and nurses, all desire to see the children with healthy, well-cared-for mouths, and it is only by constant perseverance that we shall make headway against the apathy which seems to exist amongst parents and children alike.

Table III shows that the number of delicate children at the end of the year had increased from 72 to 99. Of this number only 42 were in institutions, and, on a minimum estimate of three months' stay for each child, our waiting list is still too long to be viewed with equanimity. The plans for the erection of a Day Open-air School, on a site in Bursledon Road, are progressing, but it does not seem likely that accommodation will be available before 1937.

During the year arrangements were made with the Medical Officer in charge of the St. Catherine's Home for periodical medical inspections to be carried out during the children's stay, and the information recorded on special cards which are returned to the Department on the child's discharge. There is available by this means a complete history of the child from the first examination throughout the stay at Ventnor, and on discharge the Medical Officer at the Clinic uses this card to recommend further steps for the benefit of the child. A resumé is given on page 58 of the condition of children admitted to Ventnor during the year.

The number of tuberculous children again shows a considerable increase.

There has been a general increase in the work carried out at the Clinics. At the Ear, Nose and Throat Clinic attendances showed an increase of 493 over the previous year's figure. The number of operations performed at the Borough Hospital is less than in 1934, but other forms of treatment have been extended, and certain chronic cases of ear discharge have been treated by means of radical operation for mastoid, etc. Mr. Evans, was appointed part-time Ear, Nose and Throat Surgeon to the Authority, and the work carried out by him during the year is recorded in the tables contained in the body of the report. In addition to school children, a number of children have been referred from the Welfare Centres to this Clinic, and many ear, nose and throat troubles have been cured prior to the child's admission to school.

I feel that the complete following up scheme devised in 1932, coupled with early discovery of eye defects by the Medical Officers, is responsible for a welcome decrease in the number of children treated at the Eye Clinic. The number of new cases attending fell by nearly 50 per cent., while the old cases attending dropped only by 4 per cent. Then in the routine age groups only 3.1 per cent. of the children examined were referred for treatment or observation for defective vision, as compared with 4.5 per cent. and 5.7 per cent. respectively in the two previous years.

There was an increase of 130 in the attendances at the Inspection Clinic, the work reaching peaks in the months of June, July and September. Both the new and old cases increased. This Clinic acts as a " clearing house " for children being drafted to the special Clinics, hospitals, or general practitioners, according to their particular ailments, although a number of minor defects found are treated at a Minor Ailments Clinic which follows.

The increase in the attendances at the Rheumatic and Heart Clinic is confined to the old patients. It is of interest to note that 33 children (.5 per cent. of the routine examinations) were referred for treatment or observation of rheumatism, while in others the disabilities from which they were suffering could often be traced to a history of this disease.

The increase in the number of Remedial Exercise sessions is reflected in the large increase in attendances at the Orthopædic Clinic, attendances being 2,257 more than during the previous year. The number of children suffering from spinal deformity was the same as in the previous year, but, as I have mentioned earlier, the number of children suffering from flat feet showed a decided increase. The scope of this Clinic is being further augmented and additions to the equipment are being made.

The Skin Diseases Clinic also reports a large increase in the attendances, but there was a decrease of 4 per cent. in the number of defects treated. Ringworm of the scalp shows an encouraging diminution, as does ringworm of the body and Impetigo. Scabies was more often encountered, and miscellaneous diseases and injuries increased ; this is attributed to the opening of the Branch Clinics, and the treatment of a number of ailments which would otherwise have received merely parental care.

Attendances at the East Park Terrace Clinic for immunisation against diphtheria numbered 9,076, while 3,714 attendances were made at the Sydney House Centre. Comparison cannot be made with the previous year, as 1935 was the first complete year of this work.

At Sydney House the Inspection Clinic attendances increased, while what has been said about the Skin Diseases Clinic at East Park Terrace also applies to this Clinic on the eastern side of the river.

The Speech Clinic has been in operation throughout the year, and an additional session has been allocated to the Instructor for the purpose of visiting and following up.

The Artificial Sunlight Clinic has continued to be of great service, and the attendances and the treatment given has resulted in a certain amount of congestion. For this reason recommendations have been made to the Committee that the Sydney House Clinic might be equipped to administer Ultra Violet Light treatment.

Towards the end of 1935 we established a Post Infectious Diseases Clinic, but sufficient experience to report on the work carried out is not available. It is hoped that the Resident Medical Officer at the Isolation Hospital, who is in charge of the Clinic, will thus be afforded opportunities to ameliorate the sequelæ of the diseases treated in Hospital.

The Child Guidance Clinic, mentioned in the last Report, has not yet been established, but the ground has been cleared, and it is hoped that there will be little further delay. With the passing of time, the value of this work is becoming more apparent, and experience gained from the supervision of the Remand Home, and the work of the Psychological Clinic has emphasised its importance.

During the year attention was called by the Board of Education to the need for increased co-operation between the School Medical Service and the Juvenile Employment Authorities. After some consideration a scheme has been drafted, and will be brought into operation early in 1936, whereby selected children will be examined shortly before leaving school, with special reference to their suitability for employment. The children will be selected from those referred by the Medical Officers, the Teachers, and the Health Visitors.

Two Juvenile Instruction Centres were opened in Southampton during 1935, one for girls, at the Audit House, and the other for boys, at the old Trinity School. The position of the

School Medical Service in regard to these centres is given in Memorandum A.C.M.I., issued by the Ministry of Labour. This states: "It is not, of course, possible to arrange for routine medical inspection of boys and girls attending authorised courses, but it is hoped that Education Authorities will be able to arrange for one of their School Medical Officers to examine and treat boys and girls attending their courses of instruction and recommended for medical advice by the Superintendents." This has now been done, and as these pupils are likely to enter into immediate employment, due attention is given to their suitability.

There was yet another matter concerning juvenile employment during the year. Byelaws were approved by the Home Secretary regulating the employment of children, and Street Trading by Young Persons, under the Children and Young Persons Act, 1933. The byelaws prescribe the permitted occupations, hours of employment, and require a medical certificate to be obtained from the School Medical Officer. A number of children have already received attention.

The proposed extension of the school leaving age must, it is thought, have some repercussions on the work of the service if the percentage of exemptions is kept at a low figure. The present leaver group are examined at twelve years of age, and on leaving they will not have been examined for nearly three years. If this group were examined at thirteen or fourteen the gap between the intermediate and leaver examinations would be increased to five or six years, during which time certain defects might progress beyond the possibility of complete cure. Any final decision must, of course, wait until the scheme has been tested in operation.

This review of the year's work would not be complete without some reference to the Health Exhibition, held at the Coliseum from the 18th to the 23rd November, 1935, under the auspices of the Health Committee. Stands were equipped showing many aspects of communal health work, such as Smoke Abatement, Noise Abatement, Maternity and Child Welfare, Health and Cleanliness, Anti-Tuberculosis, and much of the work of our own Health Department. Each morning throughout the duration of the Exhibition parties of school children visited these stands, and lectures were given by the demonstrators in charge. On the last morning the pupils of the St. Anne's School visited the Exhibition, where a lecture was given, illustrated by films.

Propaganda of this kind is undoubtedly of great value to the child population. It inculcates in the child's mind principles of healthy living, of which the results will be found in the future.

Great interest was shown in the Department's stand, which consisted of tableaux of an Immunisation Clinic, a Maternity and Child Welfare Centre, models of the Sunlight and Diagnostic Lamps used at the Clinics and in the Analyst's Department, together with examples of the work undertaken by the Sanitary Department.

The Immunisation Clinic tableau was the subject of much discussion by the parents and others, and, in conjunction with the lecture by Dr. Bousfield, aided our work in this connection considerably.

In conclusion, I desire to express my appreciation and thanks to the Chairman and members of the School Clinic (Joint) Sub-Committee for the courtesy with which they have considered my many suggestions and recommendations made to them. I wish also to thank the following for their co-operation and assistance : the Education Department, the Teachers, the National Society for the Prevention of Cruelty to Children, and the staffs of the Voluntary Hospitals. To the staff of the Department—Medical, Nursing, Dental and Clerical—I tender my best thanks for their ready, willing, and conscientious work on behalf of the School Medical Service.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

H. E. Maurice Williams.

School Medical Officer.

SCHOOL MEDICAL INSPECTION AND HYGIENE.

CO-ORDINATION.

The arrangements for the co-ordination of the School Medical Service with the other branches of the Public Health Service remain the same as in 1932; a detailed description of these arrangements was given in that Report.

SCHOOL HYGIENE.

The conditions of the school premises were kept under observation by the Medical Officers during the year, and the usual periodical reports submitted. The Education Committee took prompt steps to remedy any defects of which complaint was made.

Additions were made to certain schools by the erection of huts in the playgrounds to provide additional accommodation. A considerable amount of congestion was thus relieved. It is advantageous to have sufficient accommodation in the class-rooms, though this curtails the available playground space.

Conditions under which medical inspection is carried out vary considerably from school to school, and the general provision of adequate and suitable accommodation would be of great assistance. Provision has been made in all the newly built schools for special rooms to be allotted for medical inspection and waiting rooms.

I think I might suggest the establishment of playing fields for the elementary school children, where organised team games could take place under the best possible conditions. While certain schools in close proximity to the town's open spaces can at present enjoy these benefits, extension of such facilities to all schools is most desirable.

SANITARY CONVENIENCES IN THE ELEMENTARY AND SECONDARY SCHOOLS,

and the various Centres under the control of the Education Authority.

Burgess Road School.

During the year the Authority has taken into use the Swaythling Central Hall as an Infants' School.

This School is provided with eight pedestal pans flushed by separate cisterns, and one urinal, which is fitted with sparge pipe flushing.

Merry Oak School.

The Authority has begun the erection of a Senior Mixed School on the Merry Oak Site, half of which is now completed and in use. At the moment this section is provided with 13 pedestal pans flushed by separate cisterns, and a urinal fitted with sparge pipe flushing.

PORTSWOOD SCHOOL.

It was reported last year that the Authority had under consideration the removal of the tank flushing system in the lavatories of the girls' and infants' departments. This work has now been carried out.

REVISED LIST OF SANITARY CONVENIENCES
IN PROVIDED SCHOOLS.

729	pedestal pans flushed by separate cisterns.
4	hopper closets flushed by automatic tanks.
70	urinals flushed by sparge pipes.

NON-PROVIDED SCHOOLS.

104	pedestal pans flushed by separate cisterns.
17	hopper closets flushed by automatic tanks.
14	urinals flushed by sparge pipes.

SECONDARY SCHOOLS.

94	pedestal pans flushed by separate cisterns.
6	urinals flushed by sparge pipes.

MEDICAL INSPECTION.

Accommodation is provided in the public elementary schools for 25,445 children, while the number of children on the registers was 23,404. The average attendance was 20,684.

The first block of the Merry Oak Senior School was opened during the year, and scholars were admitted to this from the Sholing District. A further nursery department was added at the Mount Pleasant School. A new Infants' School was opened in the Burgess Road District—the Burgess Road Infants' School.

The number of schools and departments in the Borough is :—

Number of Schools	37
Number of Departments—	
Boys	21
Girls	22
Infants	23
Juniors and Infants	2
Juniors	5
Mixed Departments	5
	78

The number of routine inspections carried out during the year is shown in the following table, the number of children examined in each school and age group being shown.

As in previous years, the Woolston Special School children were also examined, and the statistics are shown separately, later in the Report. The children attending the Occupation Centre are also examined once each year.

NUMBER OF CHILDREN INSPECTED IN AGES.

School.	Entrants, 5–6 years. Boys.	Girls.	Intermediates, 8 years. Boys.	Girls.	Leavers, 12 years. Boys.	Girls.	Others. Boys.	Girls.
Ascupart	43	51	45	40	—	—	—	—
Bassett Green ...	100	123	59	83	—	—	8	18
Bevois Town ...	29	24	23	23	21	27	1	—
Bitterne C. of E. ...	35	35	20	21	39	33	—	—
Bitterne Manor ...	14	14	8	14	—	—	—	—
Bitterne Park ...	54	48	31	36	49	43	—	—
Burgess Road Infts.	35	37	—	1	—	—	2	2
Central	77	87	60	59	54	61	1	—
Coxford Junior ...	—	—	35	37	—	—	—	—
Deanery	—	—	—	—	116	130	5	—
Eastern	35	44	39	39	—	—	—	—
Foundry Lane ...	44	45	45	27	54	62	3	—
Freemantle ...	25	24	22	29	23	38	—	—
Highfield	20	17	12	12	10	17	1	—
Ludlow Road ...	59	54	—	14	86	74	1	10
Merry Oak Senior...	—	—	—	—	64	57	—	—
Mount Pleasant ...	61	53	28	15	35	27	—	—
Northam	79	66	45	41	37	44	—	—
Portswood ...	41	40	60	50	66	58	1	—
Pear Tree Green ...	—	—	55	36	—	—	—	—
Regent's Park ...	51	65	36	58	50	62	1	—
St. John's	18	27	7	6	—	—	—	—
St. Joseph's ...	20	11	22	13	16	11	—	1
St. Jude's	46	28	—	—	—	—	—	—
St. Denys	41	32	21	17	31	26	1	3
St. Mark's	16	9	13	7	18	11	10	7
St. Mary's	15	18	6	17	—	—	—	2
Shirley	27	26	36	36	81	52	—	—
Shirley Warren C.E.	—	—	26	30	—	—	—	—
Shirley Warren, Ty.	47	49	22	7	—	—	—	—
Sholing	144	124	122	90	—	3	9	—
Springhill	31	27	24	17	9	36	—	5
Swaythling ...	63	66	30	20	90	83	17	13
Western	52	31	64	44	65	60	1	2
Woolston	21	26	21	28	30	34	2	—
Woolston R.C. ...	10	3	8	4	12	5	—	—
Totals ...	1353	1304	1045	971	1056	1054	64	63

ATTENDANCE OF PARENTS.

The attendance of the parents at the routine medical inspections has remained at a consistently high figure, the percentage of parents attending remaining at the same figure as in 1934—83.8 per cent. The value of the personal contact between parent and Medical Officer which is thus engendered has been stressed too often before for reiteration to be necessary, but it may be mentioned that during the past year my staff have taken advantage of the parents' attendance to point out the necessity for immunisation against diphtheria. This has met with encouraging results, and is being continued.

The following table shows the attendances of the parents during the year, with comparative figures for the previous five years.

AGE GROUP.	No. of Children Inspected.		No. of Parents Present.		Per-cent'ge 1935	Percentage in 1934	1933	1932	1931	1930
years,										
Boys ...	1056		685							
Girls ...	1054		823							
	——	2110	——	1508	71.5	71.2	71.9	59.0	61.1	56.2
years,										
Boys ...	1045		915							
Girls ...	971		831							
	——	2016	——	1746	86.6	87.5	87.6	82.9	79.2	74.9
ntrants,										
Boys ...	1353		1229							
Girls ...	1304		1216							
	——	2657	——	2445	92.0	94.6	92.4	92.4	87.4	90.1
ther Ages,										
Boys ...	64		43							
Girls ...	63		50							
	—	127	—	93	73.2	79.6	86.0	72.5	—	—
Totals ...		6910		5792	83.8	83.8	83.4	76.9	77.0	—

FINDINGS AT MEDICAL INSPECTION.

WEIGHT, HEIGHT, AND CHEST MEASUREMENTS.

The weight and measurements of each child to be medically examined are ascertained by the Health Visitors shortly before the Medical Inspector's visit.

The statistics given below for the routine age groups have been obtained by the same methods as in previous years, and the comparative figures for the previous five years are also given.

COMPARATIVE TABLE OF CODE AGE PERIODS.

BOYS.

	Weight.			Height.	Chest Measurement.
	st.	lbs.	ozs.	inches.	inches.
12 Years.					
1935	5	4	1.1	54.9	25.4
1934	5	4	7.4	55.1	25.7
1933	5	4	13.1	55.3	25.4
1932	5	3	11.8	54.8	26.1
1931	5	5	10.0	55.6	25.8
1930	5	5	0.5	55.5	26.0
8 Years.					
1935	3	10	10.3	47.4	24.5
1934	3	10	2.4	47.3	24.3
1933	3	11	1.0	47.9	24.1
1932	4	1	11.9	49.4	24.4
1931	4	1	5.0	49.8	23.8
1930	3	10	15.8	47.5	22.7
5 Years.					
1935	3	2	5.2	42.8	22.5
1934	2	13	8.5	42.6	22.4
1933	2	13	7.6	42.6	21.9
1932	2	13	9.2	42.4	21.7
1931	2	13	10.0	42.5	22.5
1930	2	7	7.4	42.4	21.8

GIRLS.

12 Years.					
1935	5	7	0.6	55.7	26.3
1934	5	6	5.3	55.3	26.2
1933	5	6	9.1	55.4	26.1
1932	5	6	11.2	55.3	26.6
1931	5	7	4.0	55.9	27.3
1930	5	5	14.5	55.8	26.5

COMPARATIVE TABLE OF CODE AGE PERIODS—Continued.

	Weight.	Height.	Chest Measurement.
8 Years.	st. lbs. ozs.	inches.	inches.
1935	3 9 1.5	47.5	23.1
1934	3 9 3.5	47.7	23.3
1933	3 9 3.9	47.6	23.2
1932	3 12 5.0	48.9	24.1
1931	3 12 6.0	48.5	24.2
1930	3 11 5.2	48.0	23.6
5 Years.			
1935	2 12 9.4	42.1	21.3
1934	2 12 1.0	42.0	21.2
1933	2 11 6.0	41.6	21.4
1932	2 11 7.9	42.1	21.1
1931	2 12 2.0	42.0	21.5
1930	2 11 9.0	42.0	21.4

NUTRITION.

At the end of 1933 the Board of Education issued a request to School Medical Officers that they should adopt a uniform table for the recording of the nutritional state of the children examined, and this practice has been followed in Southampton during 1935. The table calls for placing of the nutritional condition of each child into one of four groups, " Excellent," " Normal," " Slightly Sub-normal," or " Bad " nutrition.

The attention of the Medical Officers was immediately drawn to the circular, and a table is appended both to this section of the Report and in the statistical tables showing the result of this analysis. Of the total children examined 8.45 per cent. showed nutrition slightly below normal, and 0.25 per cent. showed bad nutrition. It will be recalled that in 1934 2.7 per cent. of the children seen were classed as below normal, and in 1933 1.7 per cent. were below normal. The opinion of my Medical Officers on this point has been frequently taken, and they state that the greater sub-division in the present year has resulted in certain children being classed as slightly sub-normal who would otherwise have fallen into the normal group, and that the incidence of diphtheria, measles, chicken-pox, and other infectious diseases during the year resulted in the condition of a number of the children being below par at the time of inspection (the condition was thus frequently of a transient nature). They point out that the incidence of " Bad " nutrition is very low—only one child in 400 is placed in this group, although no less than six Medical Officers took part in the work of inspection during the year, and personal idiosyncrasies should thus have been well balanced.

The number of children recorded as having excellent nutrition is higher than might have been anticipated in view of the high standard adopted. The condition of the Entrant and Leaver groups is rather more satisfactory than that of the eight-year old children. When next year's figures on the same basis are available for comparison some further conclusions may be drawn.

With regard to the question of Free Meals, we find that the Teachers pay keen interest to the condition of the children, and make arrangements for so many children to be brought to the notice of the Authority that, at routine inspection, practically all children who require it are already receiving the appropriate form of extra nourishment.

The opinion expressed previously that the percentage of children with "Bad" nutrition is very small has been justified by the findings of 1935.

Age Group.	No. Inspected.	Excellent.		Normal.		Slightly Sub-normal.		Bad.	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	2657	580	21.85	1860	70.0	210	7.9	7	.25
Second Age Group	2016	237	11.8	1545	76.6	230	11.4	4	.2
Third Age Group	2110	406	19.25	1570	74.4	131	6.2	3	.15
Other Routine Inspections	127	34	26.8	78	61.4	13	10.2	2	1.6
Total ...	6910	1257	18.2	5053	73.1	584	8.45	16	.25

CLEANLINESS.

In spite of our efforts, it has been found difficult to improve to any considerable extent the position of cleanliness in the schools which has existed during the last year or so. This position is, of course, a considerable advance on that of previous years, but the ambition of the Service to eradicate uncleanliness in the school population is still far from having been fully realised.

The Health Visitors have been exhorted on several occasions during the year to exert every effort to this end. In a few cases it has been found that the vision of the mother was so bad that she was unable to carry out her duties properly, and efforts have been made in such cases to arrange for the treatment of such conditions, and the supply of the necessary glasses. Warning letters are sent to all parents who transgress on more than one occasion, and the assistance of the Education Department and the N.S.P.C.C. has been enlisted in a number of cases.

The installation of baths at the St. John's and Northam Schools has resulted in a considerable measure of improvement in these areas.

SKIN DISEASE.

The number of skin ailments discovered at the schools and clinics during the year has again decreased, and it is hoped that we shall be able to maintain this improvement. Further details on this subject are given in the Clinic section of the Report.

DEFECTIVE VISION AND EYE DISEASE.

The vision of all children over the age of six years is tested by the School Nurse, with Snellen's types, shortly before the visit of the School Medical Inspector to the school.

In recent years it had been noticed that a large number of the children attaining the age of six years were unable to read, and, in order that they could be tested, picture charts were obtained at the beginning of the year. These were of considerable assistance, and efforts were also made to test the children of five years with them. This was not entirely successful, and at a conference of the medical staff at the end of the year a number of suggestions were considered, and it has been decided to experiment with certain other charts during the coming year in order that all children, of whatever age or mental capabilities, may be tested. This should enable us to detect eye defects at the earliest possible stage and prevent their progression.

The number of children referred for treatment or observation for defective vision has again fallen, only 3.0 per cent. being referred during the year, compared with 4.5 per cent. in 1934, and 5.7 per cent. in 1933. This must be attributed to the revised scheme, the increased clinics, and closer following up now possible.

The incidence of external eye disease is shown in the following table :—

Entrants	60
Intermediates	23
Leavers	9
Others	—
Total	92

The usual table showing the degree of vision recorded in the children tested with Snellen's types follows :—

EYESIGHT.

		Number Examined.	V 6/6	V 6/9	V 6/12	V 6/18	V 6/24	V 6/36	V 6/60	V 0/0	Cannot Read.	Not Tested.
Boys, 12 years	R	1056	889	83	29	17	5	3	3	2	2	23
			92.0%		5.7%						2.3%	
	L		865	96	29	19	11	3	3	5	2	23
			91.0%		6.7%						2.3%	
Girls, 12 years	R	1054	851	121	34	13	5	6	1	1	—	22
			92.2%		5.7%						2.1%	
	L		832	132	31	16	8	9	2	2	—	22
			91.4%		6.5%						2.1%	
Boys, 8 years	R	1045	848	130	22	2	4	1	—	1	7	30
			93.6%		2.9%						3.5%	
	L		842	138	13	8	4	1	1	1	7	30
			93.8%		2.7%						3.5%	
Girls, 8 years	R	971	784	122	20	5	2	1	1	—	4	32
			93.3%		3.1%						3.6%	
	L		774	132	20	6	2	—	—	—	4	33
			93.3%		3.1%						3.6%	
Boys, 6 years	R	256	130	23	2	—	—	2	1	—	90	8
			60.0%		1.9%						38.1%	
	L		129	26	1	—	1	1	—	—	90	8
			60.5%		1.4%						38.1%	
Girls, 6 years	R	247	136	25	1	1	—	—	—	—	79	5
			65.2%		.8%						34.0%	
	L		134	28	—	1	—	—	—	—	79	5
			65.5%		·5%						34.0%	
Boys, other ages	R	64	45	6	—	—	—	1	—	—	2	10
			79.7%		1.6%						18.7%	
	L		47	3	—	—	1	1	—	—	2	10
			78.1%		3.2%						18.7%	
Girls, other ages	R	63	36	12	4	—	—	—	—	—	2	9
			76.2%		6.4%						17.4%	
	L		37	11	3	1	—	—	—	—	2	9
			76.2%		6.4%						17.4%	

TONSILS AND ADENOIDS.

The percentage of children referred for treatment or observation for Chronic Tonsillitis and/or Adenoids shows a considerable increase over the figure for 1934. This year no less than 11.8 per cent. were considered by the Medical Officers to require further examination either by the Specialist or at school, compared with 6.9 per cent. in 1934.

This increase may be due to the prevalence of infectious diseases during 1934 and 1935, and also to the fact that the weather was very bad. Both these factors would lead to an increase in the number of catarrhal conditions.

The number of operations carried out at the Borough Hospital and the Voluntary Hospitals has been falling, and this may account for a further part of the increase. It will be noticed that these affections are most common in the five-year old children. In 1933 I referred to the large number of operations which were being performed on the pre-school child, and suggested that this was to some extent the cause of the diminution of the figures. With a decrease in the number of operations performed, I think we may be justified in assuming that the converse is true.

The appended table gives details of the defects found in the various age groups.

TONSILS AND ADENOIDS.

DEFECTS FOUND AT MEDICAL INSPECTION REQUIRING TREATMENT OR OBSERVATION, 1935.

Age Group.	Enlarged Tonsils.		Tonsils and Adenoids.		Adenoids.		Total.	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Entrants, 5–6 years ...	291	10.9	197	7.4	21	.8	509	19.1
Intermediates, 8 years	116	5.7	75	3.7	17	.8	208	10.2
Leavers, 12 years ...	38	1.8	38	1.8	9	.4	85	4.0
Other Age Groups ...	5	4.0	6	4.7	—	—	11	8.7
Totals	450	6.5	316	4.6	47	.7	813	11.8

EAR DISEASE AND DEFECTIVE HEARING.

The percentage of children found at the routine medical inspections to be suffering from ear disease was the same as in 1934, but the number of children suffering from defective hearing increased from 2.0 per cent. to 2.2 per cent. Greater attention is being paid to the state of the hearing, and efforts are being made to ensure that children are so placed in the classrooms that any strain is avoided.

Otitis media is the most common ear disease, and the prevalence of scarlet fever and other infectious diseases causes it to be very difficult to reduce our numbers to any great extent.

The following table shows details of the defects found in the various age groups :—

EAR DISEASE AND DEFECTIVE HEARING.

DEFECTS FOUND REQUIRING TREATMENT OR OBSERVATION AT MEDICAL INSPECTION, 1935.

Age Group.	Ear Disease.	Per cent.		Defective Hearing.	Per cent.		Total.	Per cent.
Entrants, 5–6 years ...	27	1.0	...	27	1.0	...	54	2.0
Intermediates, 8 years	16	.8	...	67	3.3	...	83	4.1
Leavers, 12 years ...	6	.3	...	55	2.6	...	61	2.9
Other age groups ...	5	.4	...	4	3.1	...	9	3.5
Totals	54	.8	...	153	2.2	...	207	3.0

ORTHOPÆDIC AND POSTURAL DEFECTS.

The number of children displaying Orthopædic and Postural defects showed a very considerable increase, this being especially noticeable in the number of cases of flat foot referred to the Clinic, although the vast majority of these have the defect only to a mild degree. The increase may be due to a considerable extent to the wearing of " Wellingtons " and " Plimsolls," although the number of younger children with this defect was also pronounced. The question is being considered with a view to determining the main causes, and steps will be taken in an effort to remedy them ; this is, of course, in addition to treatment already given.

The number of cases of spinal curvature also increased, and although this may be due to an alteration in the standard of the Medical Officers now that we have facilities for dealing with such cases, consideration will be given in some detail to the reason for this increase.

It is to be regretted that the hopes expressed in previous Reports, that these defects would show progressive diminution, have not been realised.

TUBERCULOSIS.

During the year three children were found at routine medical inspection to be suffering from definite pulmonary tuberculosis, these were referred to the Tuberculosis Officer. Of the thirty-three children suspected to be suffering from this disease such as were not already under supervision were also referred to the Tuberculosis Officer direct from the schools. Two children were found to be suffering from tuberculosis of the bones and joints and four from the abdominal form of this disease.

The table below shows an apparently enormous increase in the incidence of pulmonary tuberculosis among the school children of the County Borough, and demands an explanation. This explanation is supplied in an appendix to this Report, giving the Clinical Tuberculosis Officer's views on " Childhood Tuberculosis."

Location of Disease.	Boys.	Girls.	Total.
Pulmonary Tuberculosis	47	45	92
Non-Pulmonary Tuberculosis ...	8	4	12
Totals	55	49	104

FOLLOWING UP.

The arrangements for following up during 1935 were as detailed in previous Reports, but at a Staff Conference towards the end of the year it was decided to introduce certain administrative changes. A card will in future be used, instead of the existing books. It is anticipated that these will prove of great assistance in presenting a complete record of the response of parents over a period of years, and will show whether assurances given by parents that children will obtain treatment are actually carried into effect.

Details of the Visits carried out during the year are appended :

HEALTH VISITING WORK.

Visits paid to the homes of :—			
Dental Cases	30		
Vision Cases	454		
Ear, Nose, and Throat Cases	404		
Skin Cases	736		
General Inspections	616		
Orthopædic	147		
		2,387	
Visits paid to schools		2,486	
			4,873

MUNICIPAL HEALTH CLINICS.

INSPECTION CLINIC.

The work of this Clinic showed a slight increase over the previous year, and the children seen presented very similar disorders to those seen in previous years.

At the beginning of the year a number of children were seen who were suffering from diphtheria, either clinically or bacteriologically, and later several cases of scarlet fever presented themselves.

There are a considerable number of cases of enuresis under treatment, and favourable results are being obtained. By the establishment of the Child Guidance Clinic it will be possible to deal more effectively with this condition.

SKIN DISEASE.

The number of cases of impetigo dealt with during 1935 again shows a decrease, and ringworm of both the scalp and body were less frequently encountered than during 1934. X-Ray treatmen for ringworm of the scalp was continued, and results have proved to be as satisfactory as in previous years.

The diagnostic lamp has been further used in the detection of ringworm, and its utility has been proved beyond question.

More cases of scabies were treated in 1935 than formerly. When any child has attended for this condition, treatment ha been extended to the entire household, and the results of thi measure have been highly satisfactory. The co-operation of th Sanitary Department in the disinfection of the homes has been continued, and has greatly minimised the risks of re-infection.

The increased number of attendances at the Skin Disease Clinics has been largely due to the increased number attendin daily both at the main Clinic and at the branch Clinics, of whic there are two.

EXTERNAL EYE DISEASE AND VISION.

Three sessions per week were held by the Ophthalmic Surgeo for the purpose of dealing with all eye defects not sufficientl serious to require hospital treatment, while certain minor defect of the eye were treated at the Skin and Minor Ailments Clinics.

The attendances at this Clinic were less than in 1934, and feel that the following up system which has now been in operatio since 1932 has been largely responsible for this. The percentag of the code age groups referred to the Specialist has been falling for the past three years, and as all children seen by him are kept under supervision from time to time, it is hoped that this state of affairs will continue.

During the year testing of the vision of the younger children with " picture " cards has been continued, but this has not proved entirely suitable for the youngest group of children. Another type of testing chart will be employed in 1936, when it is hoped that we shall be able to test the vision of all groups of children.

The following table gives details of the work carried out by the Specialist :—

	1935.	1934.	1933.
Cases seen by the Specialist ...	771	1,218	971
Submitted to refraction ...	698	1,076	828
Glasses prescribed	429	643	533
Received other treatment ...	117	133	116
Placed under observation ...	70	374	267
Found not to require treatment	255	118	100

The inspection of the glasses supplied to school children has been continued throughout 1935. The beneficial results of this regular supervision are seen in the preservation and regular wearing of the glasses supplied.

The following table gives comparative figures of the results of these visits :—

NUMBER OF CHILDREN	1932	1934	1935
With :—			
Crooked Frames	202	324	107
Lenses Turned	70	37	16
Broken Lenses...	28	16	40
Broken Sides	28	55	29
Ordered Glasses but not wearing	391	275	299
Reported to School Medical Officer	408	64	58

As in previous years, the Education Committee have undertaken the supply of glasses in those cases where the parents are unable themselves to provide them, and the cost of repairs has also been defrayed.

During the year 109 children have been supplied free by the Education Committee, and 19 children were supplied on condition that the cost was repaid by instalments.

EAR, NOSE, AND THROAT CLINIC.

There was an increase both in the number of new patients referred to this department, and in the number of re-attendances (Table I).

Many cases of suppurative Otitis Media received daily treatment in addition, as in this condition frequent toilet of the ear is of the utmost importance.

Chronic nasal catarrh was found to be of frequent occurrence, and many cases were treated by puncturing and irrigating the maxillary antra (Table II).

During the diphtheria epidemic, carriers were examined at the Isolation Hospital, and removal of the tonsils, adenoids, or treatment of nasal conditions resulted in cure in the majority of cases.

There was a slight decrease in the number of operations for tonsils and adenoids as compared with the previous year (Table III) ; after operation many of these children are referred to the Speech Clinic for exercises in breathing and phonation.

A number of cases of long standing otorrhœa underwent the operation for mastoidectomy at the Borough Hospital, while Ionization is also employed in the treatment of discharging ears.

A few skin tests for allergic conditions were also performed (Table II).

TABLE I.

Cases attending the Ear, Nose, and Throat Clinic.

Defective hearing	78
Otitis Media and other ear diseases ...	222
Tonsils	67
Adenoids	37
Tonsils and Adenoids	273
Nasal and other conditions	305
Enlarged glands of neck	12
	994
Re-attendances	1370
	2364

TABLE II.

Cases treated by Ionization and Antrum Lavage.

	No. of patients.	No. of treatments.
Ionization	18	54
Antrum lavage	39	105
Skin tests	4	—

TABLE III.

Operations performed at Borough Hospital.

Tonsils and Adenoids	274
Adenoids	21
Tonsils	17
Antrum lavage	8
Mastoidectomy	16
Paracentesis	5
Dissection of T.B. glands of neck	1
Submucous resection of nasal septum	1
Blood transfusion	1
	344

DENTAL CLINICS.

All the children in the Elementary and Secondary Schools were inspected by the Dental Surgeons during the year, including the children in the nursery classes.

In the Secondary Schools it was found that a considerable amount of treatment had been carried out for the children by private dentists, and the number requiring treatment was not so large as in the previous year.

Just under 50 per cent. of the Elementary School children were found to require treatment, the larger part of those selected being in the younger age groups, among whom extensive caries is still found, and also in the pre-school children referred from the Welfare Centres.

Dental treatment was given out at the branch Clinics, and it was found that a larger number of fillings was carried out there. The attendances at these Clinics were very good, although there was not so great an increase in the acceptances as was expected. These Clinics were opened for the period necessary to treat the children selected in the schools in the Swaythling and Regent's Park areas. The possibility of arranging for these Clinics to be opened at certain definite periods, in order that the parents may realise that children will be treated near to their homes, has been considered.

The number of general anæsthetics given has again increased, being always employed in the cases of the younger children needing extensive extraction. It is found to be more satisfactory, both from the point of view of the patients and the dentists, as the parents are saved the time and expense of several visits to the Clinic, and the larger part of the treatment being given at this one attendance there is less reluctance on the part of the children to a second visit.

Every effort is made to save the permanent teeth, but many of the older children only present themselves when conservative treatment is impossible ; these children have in most cases previously refused treatment. The number of fillings is not so high this year, although every effort is made to see that all children whose teeth need filling are advised to obtain treatment. The number of extractions has increased, especially the extractions of permanent teeth. It is pleasing to note that it was possible to do more filling work for the Secondary School children. In spite of propaganda work, the acceptance rate is still very low, and is due to reluctance to obtain dental treatment until toothache supervenes. During one period it was found that 98 per cent. of the casual cases attending with toothache had previously been selected for treatment and had refused it.

Such a position points to a regrettable lack of foresight on the part of the parents, as does the state of the teeth seen at school. Cleansing is all too frequently neglected, and the staff have found children who have been treated at the Clinic with mouths in a deplorably unclean state, and with further treatment necessary in a very short space of time.

Reports were submitted to the School Clinic (Joint) Sub-Committee on several occasions, but it was not found possible to decide on measures which would very materially help the situation.

The re-visiting of selected schools was continued, and invitations sent to the parents who had refused treatment for their children to see the Dentist and discuss the matter with him. Only a very small proportion accepted this invitation, and little benefit accrued.

The re-inspection of children is proposed in 1936. All children for whom dental treatment is refused will be seen a month or so afterwards. If treatment has not been carried out, a further letter will be sent to the parents stressing the importance of dental treatment. It will be interesting to see whether any considerable proportion of the selected children obtain advice from other sources, as this is the usual reason for not attending the Clinic. The co-operation of the teachers is also being further enlisted, and quarterly statements of the acceptances from each school are being prepared and sent to the Head Teachers. A table is printed below, showing the acceptances for the various schools during 1935 ; the divergence between the various schools is striking.

LIST OF ACCEPTANCES OF DENTAL TREATMENT, 1935.

School.	Number Selected.	Percentage Acceptances.
Woolston R.C.	91	97.8
Northam Girls'	157	89.2
Westfield Hall	18	88.9
Station Road	82	84.1
Ludlow Road	645	82.0
Pear Tree Green	120	78.3
Sholing	547	74.2
Woolston	356	70.8
Bassett Green	113	66.3
Merry Oak	118	65.2
Swaythling Infants'	39	64.1
Swaythling Girls'	156	62.8
Bevois Town Infants'	32	62.5
Bitterne C.E.	310	61.3
Swaythling Junior	214	60.7
St. Joseph's	121	60.3
St. Mary's	30	60.0
Springhill Girls' and Infants'	121	59.5
Springhill Boys'	63	58.7
Portswood Infants'	140	58.5
Bevois Town Boys'	60	58.3
Northam Boys'	152	55.9
Swaythling Boys'	168	55.9
Central Infants'	156	55.1
Western Infants'	137	54.0
Northam Infants'	96	53.1
Bitterne Manor	87	52.8
St. Mark's	137	52.6

School.	Number Selected.	Percentage Acceptances
Shirley Warren Infants'	57	50.8
Portswood Boys'	180	49.4
Mount Pleasant Girls'	71	49.3
Portswood Girls'	191	49.2
Bitterne Park Boys'	142	48.6
Freemantle Infants'	23	47.8
Bitterne Park Girls'	145	47.6
St. John's	53	47.1
Bitterne Park Infants'	68	45.6
St. Denys Boys'	108	45.3
Eastern Boys'	113	45.1
Regent's Park Girls'	215	44.2
Eastern Girls'	76	43.4
Bevois Town Girls'	104	43.2
Highfield	116	43.1
Ascupart Girls'	65	43.1
Joyce Hall	28	42.9
St. Jude's	38	42.1
Eastern Infants'	123	42.1
Western Boys'	129	41.8
Deanery Girls'	266	41.8
Central Boys'	230	41.8
Ascupart Infants'	113	41.6
Foundry Lane Infants'	147	41.5
Mount Pleasant Boys'	107	40.2
Freemantle Girls'	130	40.0
Freemantle Boys'	116	38.8
St. Denys Girls'	130	38.4
Regent's Park Infants'	112	38.4
Western Girls'	188	35.1
Foundry Lane Boys'	180	35.0
Shirley Girls'	203	34.5
Shirley Boys'	148	33.8
Central Girls'	236	32.2
Shirley Infants'	92	31.5
Deanery Boys'	146	30.1
Foundry Lane Girls'	157	29.9
St. Denys Infants'	47	29.8
Ascupart Boys'	90	26.6
Coxford	64	24.2

ORTHOPÆDIC CLINIC.

School children continue to form the main bulk of cases receiving treatment at the Orthopædic Clinic. The Clinic is attended by one of the surgeons from Alton, assisted by one of the assistant Medical Officers, and by a fully trained masseuse, who is responsible for the Remedial exercises and for massage and electrical treatment.

Callipers, splints, spinal jackets, special boots, crutches, and other instruments have been supplied during the year, and cases requiring in-patient treatment have been admitted to the Lord Mayor Treloar Cripples' Hospital.

The increasing number of cases requiring individual attention make it difficult for the masseuse to cope satisfactorily with them, and the large number of cases attending the remedial classes.

Analysis of Attendance at Orthopædic Clinic, 1935.

Congenital Deformities—	Torticollis	12
	Spinal malformation	2
	Dislocation of hip	3
	Club foot	6
	Other forms	9
Muscular dystrophy		1
Osteomyelitis		1
Paralysis—	Congenital Spastic	8
	Infantile	20
	Other forms	—
Pseudo-coxalgia		1
Pes cavus		6
Pes planus—	Simple	116
	With valgus	17
Hallux valgus		3
Hammer toes		3
Other deformities of foot		8
Plantar warts		2
Rickets with deformity—	Genu valgum	8
	Other forms	11
Rheumatoid arthritis		—
Schlatter's disease		1
Spinal deformities—	Kyphosis	45
	Kyphosis with pes planus	8
	Kypho-scopiosis	37
	Kypho-scopiosis with pes planus	7
	Scoliosis	50
	Scoliosis with pes planus	5
Sprains and other joint injuries		10
Effects of old injuries		5
Tuberculosis of—	Hip	13
	Lower limb	9
	Upper limb	2
	Spine	5
Various other conditions		3
No abnormality detected		7

RHEUMATIC AND HEART CLINIC.

One afternoon per week is allotted to the work of this Clinic. The smaller number of attendances during 1935 is explained by the cessation of its activities for several weeks in order to cope with the large demand for immunisation against diphtheria.

The Clinic remains as previously supervisory, and through it modification of activities for a considerable number of children has been effected. Several children were referred to Hospital, and a much larger number to their own doctors. Many of those who showed disturbance of the nervous system were given artificial sunlight treatment with very considerable benefit. The close co-operation with the Ear, Nose, and Throat Department and the Dental Department was maintained during the year. The following tables show the number of children supervised, and give details concerning them :—

TABLE A.

Number of children remaining under supervision, January, 1935	87
Number of children seen for the first time during 1935	56
Discharged during 1935	26
Number remaining under supervision, December, 1935	117

The following tables relates to those children seen for the first time during 1935.

TABLE B.

Children who were suffering from or gave history of :—

Rheumatic Fever	5
Rheumatic Pains	19
Chorea	4
Lesser disturbance of the nervous system	14

The following were suspected or showed evidence of cardiac abnormality :—

TABLE C.

Definite Carditis	10
Suspected Carditis	14
Congenital abnormality	2

The following conditions were also diagnosed :—

TABLE D.

Malnutrition	6
Cardio Respiratory Murmur	2
Emotional Tachycardia	8
Enlarged Tonsils	2
No abnormality found	3
Erythema Nodosum	2
Flat Feet	2
Hyperthyroidism	1
Epilepsy	1

ARTIFICIAL SUNLIGHT CLINIC.

As in previous years, two sessions per week have been devoted to the administration of Artificial Sunlight treatment.

The ailments treated were again similar to those of previous years, but on account of the increasing numbers, shorter courses were given, as it was impracticable to administer long courses to so many children. These shorter courses gave the impression of being quite as effective as the longer ones.

More intensive pigmentation has been attempted with the asthmatic children, but the results so far have been inconclusive.

The increased numbers caused the consideration of the possibilities of extension at this Clinic, and the installation of similar apparatus at the Sydney House Centre is proposed for 1936.

One hundred and twenty-eight children were given artificial sunlight treatment during the year ; 92 of these were school children, of whom 50 were new cases during 1935, and 36 were children under school age, of whom 27 attended for the first time in 1935. The following table gives information as to the types of disease treated and the results of treatment. There was a total of 1,956 attendances at this Clinic during the year.

Ailment.	No.	Cured.	Definite Improvement.	No Material Improvement.	Ceased Attending.
Cervical Adenitis ...	26	13	11	2	–
Nervous Instability...	21	4	9	2	6
General Debility ...	47	12	22	9	4
Rheumatism ...	6	2	4	–	–
Rickets	18	2	10	–	6
Phlyctenular ...	1	–	1	–	–
Psoriasis	2	–	1	1	–
Alspecia	1	1	–	–	–
Asthma	4	–	3	1	–
Synovitis	1	1	–	–	–
Totals ...	128	36	61	15	16

SYDNEY HOUSE SCHOOL CLINIC.

The School Clinics at Sydney House are held on Wednesday and Friday afternoons. They can still be classified under the heads of treatment of casualties and minor ailments, and general supervision of physical deficiency. Whether due to the improved nutrition of school children in the district or to the more active and earlier treatment, there has been a tendency for a diminution in the number and severity of the skin diseases seen. In contrast to this, the number of those has increased who have attended as the casualties of daily life, namely, from minor bruises to fractured limbs. With regard to those who are physically defective, perhaps the most important work of the Clinic, the greater co-operation between the school and health departments which at present exists, and the improved facilities for following up of children leads to the minimum of time being wasted before adequate supervision is possible. With a Day Open-air School in the not too far distant future, a fresh impetus will be given to the proper correlation of facilities for the Physical Defective, for at the present, with the scarcity of accommodation in residential schools, it is all too often the case that many can be found but few can be chosen.

SPEECH CLINIC.

The Instructor-in-charge of the Speech Clinic for Elementary School children (in conjunction with the collaborating School Medical Officer) submits the following report on the period January 1st to December 31st, 1935 :—

	Number on Register 1st Jan., 1935.			Number Admitted during 1935.			Number Discharged during 1935.			Number on Register 31st Dec., 1935		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Stammerers	22	7	29	17	4	21	18	5	23	21	6	27
Speech Disorders other than Stammering	9	1	10	3	2	5	3	0	3	9	3	12
	31	8	39	20	6	26	21	5	26	30	9	39

The children discharged were classified as follows :—

	Stammerers.	Disorders of Speech other than Stammering.	Total.
Provisionally Cured	7 (a)	...	7
Much Improved	8 (b)	2 (c)	10
Slightly Improved	6 (d)	...	6
No material Improvement	2 (e)	...	2
Temporarily Discharged		1 (f)	1
	23	3	26

(a) One of these has left school.

(b) Three of these have left school.

(c) One of these has left school. Further improvement unlikely in either case for physical reasons.

(d) Four of these have left school. One ceased treatment prematurely, and one was considered unsuitable for further treatment.

(e) One of these has left school. The other was recommended for Child Guidance.

(f) To resume treatment when older.

It is highly probable that the stammerers who had not reached the " Provisionally Cured " standard on leaving school would have done so had treatment been continued. Continuation classes are required for such children.

A few stammering children who had not reached school leaving age were discharged before attaining to the " Provisionally Cured " standard. These children had worked well, and as they were keen scholars and speech was almost, if not quite, fluent at school, it was deemed advisable to discharge them. They are being kept under observation, and in the event of relapse will be re-admitted, but this is not expected. Since the establishment of the Speech Clinic only one child has had to be re-admitted.

In some cases treatment was handicapped by the absence of a Child Guidance Clinic. It was found after a trial that co-operation with the Psychological Clinic in the case of children was impracticable, owing to the lack of the special facilities which are necessary for their peculiar requirements. Of the children discharged during the year, three attended the Psychological Clinic before the Psychiatrists requested the Speech Clinic not to recommend any further children until the establishment of a Child Guidance Clinic. Four children have since been recommended for Child Guidance.

Two girls and six boys of the thirty-four children examined by the School Medical Officer prior to admittance were deemed unsuitable. Some were told to report again, and for others special examinations *re* mental condition, eyes, or ears, nose, and throat were arranged.

From the inception of the Speech Clinic to 26th November, 1935, 73 stammering children had been treated. An analysis of the cases resulted in the following particulars :—

Number of left-handed children	6
Number of partially left-handed children	1
Known cases of "corrected" handedness (L.H. to R.H.)	2
Cases with history of left-handedness in family ...	19
Number of children with squint	1
Cases with history of squint in the family	8
Cases with history of stammering in the family ...	43

No definite conclusions were arrived at as a result of these figures, but the percentage of children with a history of stammering in their families appeared high. In some cases, however, the children had not seen or been in contact with their stammering relatives.

The fifteen cases treated at the Saturday morning session (Disorders of Speech other than Stammering) included cleft palate with hare lip (in one case there was the additional handicap of congenital defective hearing) ; complete cleft palate ; partial cleft palate ; idioglossia ; dyslalia ; dyslalia with retardation ; and agraphia (a congenital aphasia). Owing to the nature of the disorders, and the fact that each child attends for a quarter-of-an-hour only per week, progress is necessarily slow. The stammering children treated included cases of stammer with lalling and stammer with lisp.

In July a form (see page 47) was sent to all the Elementary Schools, asking for the names of children suffering from speech disorders. The returns showed that the numbers were very high. Four hundred and fifty-eight children were, in the opinion of their teachers, in need of advice or treatment. This number included all children already receiving attention. Additional cases were referred by the School Medical Officers.

The form was made as simple as possible, but its completion occasioned difficulties which should disappear as Speech Therapy becomes better known. The form was distributed in July, as it was thought the teachers should have a better knowledge of their pupils towards the end of the School Year.

Teachers, in the main, continued to co-operate well, and a growing interest was manifest (particularly in the Infants' Schools). Unfortunately very few teachers invited to do so found an opportunity of visiting the Speech Clinic to observe the methods.

The weekly session granted the Speech Clinic by the Education Committee in November, 1934, to enable the Instructor to visit (a) Schools, to secure fuller co-operation with the teachers of children receiving treatment ; (b) Infants' and Junior Schools, to advise teachers and parents as to the best methods of procedure where, on account of age, nature and degree of speech defect, or lack of accommodation, it was not possible or necessary for the children to attend the Speech Clinic ; (c) the Special School for educable mentally defective children proved definitely worth while, although it was not possible to cope with all the work.

In regard to (a) closer co-operation between the Speech Clinic and the teachers of children attending, it was advantageous to all concerned ; (b) over 170 children were seen at Infants' and Junior Schools (this number includes a few children attending Senior Departments). In the majority of cases the children's parents were present, and they welcomed advice. Several instances of well-meaning but harmful correction on the part of teachers and parents were revealed. A number of the children proved to have minor defects of speech, which called for speech training on ordinary educational lines rather than remedial speech training, and teachers were advised accordingly.

A considerable number of children were placed under "observation," and are to be seen again. Parents and teachers were advised as to the best methods to adopt in the meantime. A few children were in urgent need of treatment, and were admitted to the Speech Clinic as vacancies occurred. In 1934, with a single exception, children were not admitted under the age of eight. In 1935 urgent cases between 5 and 7 years were admitted.

(c) The grosser defects of articulation are frequently capable of improvement in cases of educable mentally defective children. Although the five visits to the Special School were hopelessly inadequate, some progress was made. Two girls and six boys were seen, and the teachers carried out the suggested methods between visits of the Instructor.

All children brought for attendance at the Speech Clinic are seen, in the first instance, on projected discharge, and at intermediate times by the Medical Officer, who supervises their general physical and mental needs.

He has been much struck, and remarks upon the great increase in self-confidence in practically all the children who attend, how from the restless, anxious, and frequently miserable impression given at the first interview, there is a gradual transformation to relative ease, self-assurance, and happiness in demeanour.

In collaboration with this Medical Officer and the Radiologist-in-Charge of the X-ray Department at the Borough Hospital, several children were screened in order to determine whether abnormal behaviour of the respiratory muscles could be seen in relation to stammering children. Too few children were dealt with in this way to form a definite conclusion, apart from the almost general preponderance of thoracic breathing. This would point to the necessity for early instruction in correct breathing in the schools. On being asked to breathe deeply, most of the children responded by a mere raising of the shoulders rather than by a more complete filling of the lungs.

The growing interest in the aims and objects of the Speech Clinic since its establishment has been gratifying. Such work is little known in the South of England as compared with the Midlands and North, and ignorance breeds apprehension and suspicion. Through lectures and results obtained, the local public is realising the true value of Speech Therapy, and advice is sought, where a short time ago indifference and lack of co-operation were prevalent.

COUNTY BOROUGH OF SOUTHAMPTON. EDUCATION COMMITTEE.

SPEECH CLINIC.

It is requested that Head Teachers will complete this form and return it to the Education Office not later than Wednesday, 17th July, 1935. This return should be completed in respect of all children who, in your opinion, would benefit by tuition or advice from the Instructor-in-Charge of the Speech Clinic with a view, if necessary, to treatment at the Speech Clinic. The names of children already notified should be included on this form.

Name of Child.	Date of Birth.	NATURE OF SPEECH DISORDER (Mark relevant defect with a cross).						
		Stammer.		Cleft Palate.	Lisping.	Lalling.	Speech disorder associated with impaired reading or spelling.	Undefined.
		Slight.	Marked.					

NOTE:—If there are no children whose names should be included in this return, please return the blank form after signing below:—

....Head Teacher.

....School......................Dept.

CONGENITAL SYPHILIS.

As stated in my last Report, the School Medical Service and the Venereal Disease Service work in co-operation in dealing with those children suspected to be suffering from this ailment.

Consultations have been held during the year by the Venereal Diseases Officer and the Senior Assistant School Medical Officer; and clinical and pathological examinations carried out.

Children are referred to these sessions from all branches of the service, *i.e.*, from the Clinics as well as from routine medical inspection.

The following table shows the number of cases of congenita syphilis under treatment at the end of 1934 and 1935 :—

		Boys.	Girls.	Total
1935	Between the ages of 5 and 15 ...	3	8	11
1934	Between the ages of 5 and 15 ...	6	6	12

MUNICIPAL CLINICS.

The days and hours on which the various Clinics are held ar as follow :—

1 East Park Terrace, Southampton.

EAR, NOSE, AND THROAT CLINIC.

Monday, 9 a.m. (by appointment).
Thursday, 9 a.m. (by appointment).

OPHTHALMIC CLINIC.

Tuesday, 2 p.m. (by appointment).
Wednesday and Friday, 9 a.m. (by appointment).

SKIN CLINIC.

Tuesday and Friday (Medical Officer), 2 p.m.
Daily by Nurses.

INSPECTION CLINIC.

Wednesday, 2 p.m.

DENTAL CLINIC.

Monday to Friday, 9 a.m. to 12.30 p.m., and 2 p.m. to 5 p.m
Saturday, 9 a.m. to 12 noon.
Thursday mornings for gas cases, and Thursday afternoon for casuals.
Saturday mornings for Orthodontic work.
(Children only seen by appointment, except on Thursda afternoon, which is set aside for casuals. Urgent case of toothache can be dealt with at any time.)

RHEUMATIC AND HEART CLINIC.

Thursday, 2 p.m. (by appointment).

ARTIFICIAL SUNRAY CLINIC.

Tuesday, 9.30 a.m. to 12 noon, and Friday, 2 p.m. to 4 p.m. (by appointment).

ORTHOPÆDIC CLINIC.

Wednesday, 2 p.m.

REMEDIAL EXERCISES CLINIC.

Monday, Wednesday, Thursday, Friday and Saturday, 9 a.m. to 12 noon (by appointment).

SPEECH CLINIC.

Clinics for speech defects are held on Monday morning, Tuesday morning, Friday morning and afternoon, and on Saturday morning.

DIPHTHERIA IMMUNISATION CLINIC.

Monday and Thursday afternoons, 2 p.m. to 4.30 p.m.

(Special sessions are also arranged; attendance by appointment only).

Sydney House, Pear Tree Avenue, Bitterne.

SCHOOL CLINIC.

Wednesday and Friday, 2 p.m. to 5 p.m.

DENTAL CLINIC.

Monday to Thursday, 9 a.m. to 12 noon, and 2 p.m. to 5 p.m

Friday, 2 p.m. to 5 p.m.

Saturday, 9 a.m. to 12 noon.

Thursday afternoon for casuals.

Saturday morning for gas cases.

(Children only seen by appointment, except on Thursday afternoon, which is set aside for casuals. Urgent cases of toothache can be dealt with at any time.)

(School Dental Inspection is carried out on Friday morning; no Dentist is then available.)

Appointments are made for children attending all these Clinics by the Medical Officers or Health Visitors.

Appended is a summary of the attendances made at the various Clinics during the year :—

1, EAST PARK TERRACE.

Visits of children to :—	First Visits.	Revisits.	Total.
Dental Clinic	4,678	5,068	9,746
Ophthalmic Clinic	471	2,576	3,057
Ear, Nose, and Throat Clinic ...	703	1,661	2,364
Skin Clinic	1,419	10,800	12,219
General Inspections	557	1,344	1,901
Special Investigations	335	—	335
Orthopædic Clinic	244	5,857	6,101
Rheumatism Clinic	73	258	331
Post Infectious Clinic	15	—	15
Sunlight Clinic (Schools)	50	1336	1,386
Immunisation Clinic	—	—	9,076
Totals ...	8,545	28,900	45,251
Tuberculosis Clinic	1777	—	1777

SYDNEY HOUSE CLINIC.

Visits of children to :—	First Visits.	Revisits.	Total.
Dental Clinic	2,640	2,620	5,260
Skin Clinic	415	2,267	2,682
General Inspections	695	2,017	2,712
Immunisation Clinic	—	—	3,714
Specials	—	—	63
Camp Inspections	—	—	154
Totals ...	3,750	6,904	14,585

INFECTIOUS DISEASES.

The increase in the prevalence of diphtheria mentioned in 1934 continued during the early part of 1935, and the number of cases reported amongst the school population was 36 more for the year 1935 than in the previous year, the highest total ever recorded.

Of the steps taken to deal with this outbreak, mention has been made in the introduction to the Report. Gargling was performed by all scholars twice each day, visits were paid by Medical Officers and nurses to the schools, swabs were taken, and disinfection arranged. The disease was not confined to any particular area of the town ; Coxford and Ludlow Road being severely affected, as was the Town District.

Scarlet fever was considerably less prevalent. Measles and chicken pox were encountered throughout the year in more or less localised outbreaks.

The usual table showing the number of cases of notifiable infectious diseases in the schools has been slightly re-arranged, to show some grouping in the various districts of the town.

Immunisation against diphtheria was carried out on an intensive scale during the diphtheria epidemic.

DIPHTHERIA IMMUNISATION.

In the Annual Report on the Health of the County Borough for 1934 details were given of the arrangements made for the carrying out of immunisation against diphtheria. This work was commenced in February, 1934, and at the beginning two sessions per week were devoted to the work at East Park Terrace ; later, a further session was arranged at the Sydney House Clinic. Towards the end of 1934 immunisation was arranged at certain of the schools and Welfare Centres.

The position at the end of 1934 was that 1,435 children had been protected, or were being protected, at the end of the year.

The incidence of diphtheria was then causing grave concern, and efforts were made to obtain the largest number of consents to immunisation, and to expedite the rate at which the children could be dealt with. We received a considerable number of requests for protection during the first month of the year, and during February we arranged, with the co-operation of the teachers, to distribute consent forms and pamphlets to every child attending the schools in the Borough. Over 25,000 forms were used during this campaign. The response was more than encouraging ; during 1935 we treated 9,342 children, either wholly or partially.

In order to cope with the influx of work, all the available medical officers were utilised. Many schools were visited, and special Clinics were held each day of the week at East Park Terrace. These efforts proved very successful, and by the middle of April a large number of the children had been immunised.

Great difficulty was experienced for a time in obtaining sufficient supplies of the Toxoid Anti-toxin Floccules, and it was necessary to resort to the use of T.A.M. The efficiency of this preparation is not materially inferior to the T.A.F., but as it had been reported that certain people showed undue sensitivity to it, it had not previously been used in Southampton. However, in our experience reactions proved infrequent and slight.

A further preparation was brought into use later in the year, Alum precipated toxoid. It was claimed for this preparation that immunity was given by means of one injection only, and the advantages of this both to patient and doctor were so patent that it was thought wise to give it a prolonged trial. A considerable amount of information has been obtained, and a report is being prepared on this material.

It will be noticed that the table printed below shows that a considerable number of children are shown to have refused the performance of the final Schick Test. The majority of these children left school shortly after the performance of the course of injections, and consequently were unable to arrange to attend the Clinic for the test.

It will also be seen that of the children dealt with over half received the full course, and a final Schick test proved negative. The percentage of children tested who proved to be still susceptible after a course of injections was only 2.6 per cent.

Certain children were subjected to the Schick test only, either at the parents' request or in view of a history of diphtheria previously. Two hundred and forty-three proved not to be susceptible to diphtheria, and, with the exception of eight children who refused an immunising course, the positive reactors were successfully treated.

At the end of 1935 there were 3,555 children undergoing treatment, but over 3,300 of these were only awaiting the final test.

Owing to the large numbers done in a comparatively short period, it has not yet been possible to tabulate the children treated in their groups according to age and whether they attend school. A more detailed report on the whole subject of immunisation against diphtheria will be forthcoming.

The number of children who have received :—

A course of three injections of T.A.F. at fortnightly intervals, and whose final Schick Test was negative		4,927	
A course of one injection of A.P.T. and whose final Schick Test was negative		821	
			5,748
A course of three injections of T.A.F. at fortnightly intervals, and whose final Schick Test was positive		69	
A course of one injection of A.P.T. and whose final Schick Test was positive		89	
			158
A primary Schick Test only with negative result		243	
A primary Schick Test only with positive result		8	
			251

The number of children who have received :—

A course of one injection of Alum		525	
One injection of T.A.F.	114		
Two injections of T.A.F.	172		
A course of three injections of T.A.F. and are awaiting a final Schick Test	2,660		
		2,946	
			3,471

The number of children who have refused further treatment after :

One injection of T.A.F.	126	
Two injections of T.A.F.	174	
Three injections of T.A.F.	760	
A course of one injection of A.P.T.	60	
For other reasons	29	
		1,149
		10,777

INFECTIOUS DISEASES.

	1935.	1934.	1933.	1932.
Diphtheria	378	342	109	59
Scarlet Fever	199	332	284	93
Enteric Fever	1	—	1	1
Acute Poliomyelitis	1	2	5	1
Typhoid Fever	—	—	—	—
Para-Typhoid	—	1	1	2
Cerebro-Spinal Fever	1	1	1	2

EPIDEMIC AND INFECTIOUS DISEASES.

1st January to 31st December, 1935.

Arranged in Groups of Schools which serve the different sections of the town.

	Diphtheria.	Scarlet Fever.	Enteric Fever.	Cerebro-Spinal Fever.	Acute Polio-myelitis.
Ascupart.					
Boys' Department ...	2	1	—	—	—
Girls' ,, ...	1	1	—	—	—
Infants' ,, ...	3	4	—	—	—
Eastern District.					
Boys' Department ...	1	—	—	—	—
Girls' ,, ...	6	2	—	—	—
Infants' ,, ...	20	—	—	—	—
Deanery Senior.					
Boys' Department ...	5	1	—	—	—
Girls' ,, ...	15	2	—	—	—
St. John's. ...	6	—	—	—	—
St. Joseph's.					
Mixed	1	2	—	—	—
St. Mary's.					
Infants' Department ...	8	2	—	—	
Girls' ,, ...	1	1	1	—	—
Central District.					
Boys' Department ...	8	—	—	—	—
Girls' ,, ...	7	2	—	—	—
Infants' ,, ...	11	5	—	—	—
Bevois Town.					
Boys' Department ...	5	2	—	—	—
Girls' ,, ...	6	—	—	—	—
Infants' ,, ...	1	4	—	—	—
Northam.					
Boys' Department ...	4	1	—	—	—
Girls' ,, ...	8	6	—	—	—
Infants' ,, ...	13	5	—	—	—
Mount Pleasant.					
Boys' Department ...	1	1	—	—	—
Girls' ,, ...	3	11	—	—	—
Infants' ,, ...	7	3	—	—	—

	Diphtheria.	Scarlet Fever.	Enteric Fever.	Cerebro-Spinal Fever.	Acute Polio-myelitis.
Western District.					
Boys' Department ...	I	3	—	—	—
Girls' ,, ...	3	4	—	—	—
Infants' ,, ...	9	II	—	—	—
Freemantle C. of E.					
Boys' Department ...	—	I	—	—	—
Girls' ,, ...	3	3	—	—	—
Infants' ,, ...	4	4	—	—	—
Springhill R.C.					
Boys' Department ...	I	I	—	—	—
Girls' and Infants' Departments ...	—	—	—	—	—
St. Mark's.	I	I	—	—	—
Shirley.					
Boys' Department ...	5	I	—	—	—
Girls' ,, ...	15	—	—	—	—
Infants' ,, ...	13	I	—	—	—
Shirley Warren.					
Infants' Department ...	16	3	—	—	—
Coxford.	17	—	—	—	—
Regent's Park.					
Boys' Department ...	2	I	—	—	—
Girls' ,, ...	4	4	—	—	—
Infants' ,, ...	5	2	—	—	—
Foundry Lane.					
Boys' Department ...	2	—	—	—	—
Girls' ,, ...	I	2	—	—	—
Infants' ,, ...	3	2	—	—	—
Bitterne Park.					
Boys' Department ...	—	2	—	—	—
Girls' ,, ...	I	2	—	—	—
Infants' ,, ...	I	I	—	—	—
St. Denys.					
Boys' Department ...	I	—	—	—	—
Girls' ,, ...	—	—	—	—	—
Infants' ,, ...	9	—	—	—	—

	Diphtheria.	Scarlet Fever.	Enteric Fever.	Cerebro-Spinal Fever.	Acute Polio-myelitis.
Portswood.					
Boys' Department ...	—	1	—	—	—
Girls' ,, ...	2	2	—	—	—
Infants' ,, ...	4	—	—	—	—
Highfield C. of E.					
Mixed	—	2	—	—	—
Swaythling.					
Boys' Department ...	3	1	—	—	—
Girls' ,, ...	3	3	—	—	—
Junior Mixed ...	4	5	—	1	—
Infants' Department ...	2	2	—	—	—
Bassett Green	8	5	—	—	—
Sholing.					
Boys' Department ...	2	2	—	—	—
Sholing.					
Girls' Department ...	2	3	—	—	—
Infants' ,, ...	9	16	—	—	—
Merry Oak	1	—	—	—	—
Ludlow Road.					
Boys' Department ...	9	2	—	—	—
Girls' ,, ...	9	3	—	—	—
Infants' ,, ...	16	13	—	—	—
Bitterne C. of E.					
Boys' Department ...	4	1	—	—	—
Girls' ,, ...	7	—	—	—	—
Infants' ,, ...	1	1	—	—	—
Bitterne Manor	2	8	—	—	—
Pear Tree Green.					
Junior Mixed	6	2	—	—	—
Station Road.					
Infants' Department ...	4	8	—	—	—
Special	2	3	—	—	—
Woolston.					
Boys' Department ...	5	—	—	—	—
Girls' ,, ...	6	4	—	—	—
Infants' ,, ...	1	—	—	—	—
Woolston R.C.					
Mixed	1	1	—	—	—

Secondary Schools.	Diphtheria.	Scarlet Fever.	Enteric Fever.	Cerebro-Spinal Fever.	Acute Polio-myelitis.
Taunton's...	2	2	—	—	—
King Edward VI... ...	1	2	—	—	—
Girls' Grammar School ...	1	1	—	—	—
Convent High School ...	—	1	—	—	—
Itchen Secondary ...	1	1	—	—	—
St. Anne's	—	1	—	—	—

CHILDREN EXCLUDED FROM SCHOOL, 1935.

The following are the particulars of the defects for which children were excluded from School as required by the Code.

Adenitis	4
Adenoid Operations	10
Blepharitis	3
Bronchitis	42
Chorea	19
Chicken Pox	8
Conjunctivitis	2
Debility	233
Diphtheria	1
Pediculosis Capitis	302
Dermatitis	10
Epilepsy	1
Glands	14
Heart Disease	6
Herpes	27
Influenza	6
Impetigo	782
Mumps	4
Otitis Media	6
Otorrhœa	20
Ringworm (Head)	19
Ringworm (Body)	18
Ringworm (Neck)	7
Rheumatism	12
Rhinitis	14
Scabies	63
Sores	283
Seborrhœa	13
Tonsil Operations	14
Tonsil and Adenoid Operations	187
Tonsillitis	53
Tuberculosis	8
Whooping Cough	4
Miscellaneous	568

OPEN-AIR EDUCATION.

Playground classes and school journeys have been again, utilised to a large extent by the teachers, and the accommodation at the Summer School, at Lee-on-the-Solent, has been extended.

During 1935 the number of children who enjoyed the benefits of a stay at the Residential Open-air School, at Ventnor, was 100, and the number awaiting admission at the end of the year was 57.

The ailments from which the children who were sent to Ventnor during the year were suffering are listed below. It will be seen that one-third of the children were suffering from bronchitis, and one-half from bronchitis in association with other ailments :—

Bronchitis	30	
,, and Asthma	6	
,, Anæmia and Mitral Stenosis ...	1	
,, and Malnutrition	1	
,, and Old Pleurisy	1	
,, and Enlarged Mediastinal Glands ...	3	
,, and Emphysema	1	
,, Debility and Malnutrition	1	
,, and Debility	2	
,, and Rheumatism	1	
	—	47
Enlarged Mediastinal Glands	9	
,, and Malnutrition	1	
	—	10
General Debility	10	
,, Cervical Adenitis	2	
,, and Malnutrition	1	
,, Chorea and Mitral Stenosis	1	
,, and T.B. Glands Neck	1	
	—	15
Asthma	5	
,, and Emphysema	1	
	—	6
Malnutrition	2	
,, Anæmia	1	
,, Rickets	2	
,, Rheumatism	1	
	—	6
Others		16

CAMP SCHOOL, 1935.

REPORT ON THE CAMP SCHOOL, LEE-ON-THE-SOLENT.

The fifth season for the Camp School opened on 26th April and closed on 4th October, 1935, a period of 16 weeks which does not include the Whitsuntide holidays and the Summer holidays, when the school is handed over to the Hollybrook Homes.

The following schools and children attended :—

DATES, ALLOCATION OF PLACES, AND STAFFING ARRANGEMENTS.

Period.	School.	No. of Places.	Superintendent.	Staff.
26th April to 10th May	Portswood Boys'	40	Mr. A. E. Dimmick	Mr. L. Silk (Portswood)
	Mount Pleasant Boys'	21		Mr. R. Watts (Portswood)
10th May to 24th May	Sholing Girls'	20	ditto	Miss Coombes (Sholing)
	Ludlow Road Girls'	20		Miss A. Bettridge (Western District)
	Western District Girls'	9		Miss Odell (Ludlow Road)
	St. Denys Girls'	11		
24th May to 7th June	Sholing Boys'	18	ditto	Mr. F. Faller (Deanery)
	Merry Oak Boys'	6		Mr. J. Major (Sholing)
	Central District Boys'	5		Mr. Quinn (Regent's Park)
	Western District Boys'	10		
	Regent's Park Boys'	21		
14th June to 28th June	St. Joseph's R.C. Girls'	27	ditto	Miss C. E. MacIntyre (Springhill)
	Springhill R.C. Girls'	24		Mrs. M. McGarry (Springhill)
	Woolston R.C. Girls'	14		Miss W. Harris (St. Joseph's)
28th June to 12th July	Northam Girls' (A)	26	Mr. A. Eling	Miss M. MacArthur (Northam)
	Central District Girls'	17		Miss S. Flaherty (Bevois Town)
	Woolston Girls'	22		Miss N. Lawrence (Woolston)
	Bevois Town Girls'	6		Miss M. Bancroft (Portswood)
	Portswood Girls'	20		Miss M. Cole (Bitterne Park)
	Bitterne Park Girls'	9		Miss I. Ransome (Shirley)

DATES, ALLOCATION OF PLACES, AND STAFFING ARRANGEMENTS.

Period.	School.	No. of Places.	Superintendent.	Staff.
12th July to 26th July ...	Northam Boys' ...	15 ...	Mr. A. Eling ...	Mr. W. B. Chafen (Northam)
	Swaythling Boys' ...	20 ...	...	Mr. A. H. Wood (Swaythling)
	Deanery Boys' ...	18 ...	...	Mr. R. J. Chandler (Deanery)
	Shirley Boys' ...	17 ...	...	Mr. F. P. Peck (Shirley)
	Ludlow Road Boys' ...	17 ...	...	Mr. N. G. S. Cook (Ludlow Road)
	St. Denys Boys' ...	17 ...	...	Mr. Nicholls (St. Denys)
	Bevois Town Boys' ...	5 ...		
6th Sept. to 20th Sept. ...	Swaythling Girls' ...	15 ...	ditto ...	Miss A. G. Perren (Swaythling)
	Mount Pleasant Girls' ...	15 ...	...	Miss Gray (Mount Pleasant)
	Deanery Girls' ...	34 ...	...	Miss Evans (Deanery)
	Shirley Girls' ...	15 ...	...	Miss M. Hogg (Shirley)
	Northam Girls' (B) ...	23 ...	...	Miss V. T. Hunt (Northam)
				Miss W. Wheeler (Western District)
20th Sept. to 4th Oct. ...	Swaythling Boys' (B) ...	20 ...	ditto ...	Mr. J. Roderick (Swaythling)
	Deanery Boys' (B) ...	3 ...	...	Mr. T. Ollerton (Bitterne Park)
	Bitterne Park Boys' ...	22 ...	...	Mr. S. H. Collins (Woolston)
	Woolston Boys' ...	17 ...	...	Mr. R. S. J. Barnett (St. Joseph's)
	St. Joseph's R.C. Boys' ...	13 ...	...	Mr. H. J. Hilliar

The Education Committee paid their official visit to the school on 16th July. A fine day welcomed a party of 32, and the visit showed the keen interest which the Education Committee take in the school. A tour of inspection was made, after which the Committee saw the children at tea. Later they saw them at play on the games field.

During the past four seasons the maximum number of children attending each fortnight has been 60. It had been anticipated that dormitory huts would be erected to replace the tents for the second half of the season and by this means to increase the number to 120. The huts did not materialise but by increasing the number of tents, 100 children were able to attend each fortnight after 28th June.

Various minor improvements have been effected in the permanent buildings, chief of which was the erection of a covered washing-up bench. This has proved a great boon, especially during wet weather.

Weather.—At the beginning of the season the weather was cold and changeable, and one or two gales during the first month made it necessary to change some seven tents. The weather gradually improved towards the middle of the season, but during the later periods it became colder again. Summer had definitely broken before the school was re-opened after the August break; normal September temperature was rarely reached, and wind and rain robbed open-air life of its charm. A severe storm broke on 16th September, which proved disastrous. All the marquees and most of the tents were blown down and damaged (severely in some cases). Children had to be housed in the store, Hollybrook Homes' Hut, the Bath Hut, and the drying shed. The staff sought shelter in the staff drying room, superintendent's quarters, and office.

The store room of the main building was transformed into a "dining-dormitory-schoolroom." Such storms as this emphasise the desirability of changing over from tents to huts.

The first half of the season, under the superintendence of Mr. A. E. Dimmick, was very similar to previous seasons with regard to organisation and routine. The spirit of teachers and children was as good as ever, and the Camp School was always a happy community, knit together by a happy inter-working of Superintendent, teachers, and kitchen staff. June, 1935, with Mr. A. Eling as Superintendent, marked the beginning of a new era. From this date the numbers were increased to 100 each fortnight. This increase called for re-adjustments in the standing organisation, catering, accommodation, and educational activities of the Camp School life. Extra tents, additional equipment, hundreds of new blankets, more cookery and cutlery, increased teaching and permanent staff, were the natural consequences which the increase in the number of campers produced.

Food and cooking were of the usual high standard ; all tradespeople concerned continued their geniality of past years, and were always willing to help and co-operate in the interests of the Camp School.

On the educational side, the school work went with a swing and the novel idea of outdoor lessons, when possible, was thoroughly appreciated and enjoyed by the children.

Nature work, the countryside, the shore, the historica associations of Titchfield, etc., continue to have real charm fo the children, and with increased accommodation and provisio for the collection and preservation of specimens—especially rar specimens—the possibilities in this branch of the work will hav far reaching effects.

Mathematics in the open air give the novel but practica experience of " learning by doing " with definite lasting results Weighing, measuring, simple surveying, solving the many problems in mathematics that Camp life suggests, *e.g.*, air space i tents or marquee, quantities required to establish permanen buildings, Camp costs, rainfall on Camp site, etc., all stimulat interest, even when inclement weather prevails.

Increased numbers rather tend to break down the one bi social group—the Camp Family—and set up smaller groups wit their own group interests.

Competitive games, matches, knock-out competitions, certainly brought the children together, but, nevertheless, there wer conspicuous social groups, particularly when larger numbers cam from certain schools.

" Orphan Campers," that is those coming from schools withou a representative teacher, found difficulty in really being " a home " for the greater part of their first week in camp, and wer noticed to isolate themselves into a " school " group.

The July campers of 1935 were undoubtedly the mos fortunate ; fine summer weather prevailed ; camping was ideal the boys had the advantage of seeing by day and by night th

Jubilee Royal Naval Review, as well as being fortunate enough to see the new French liner, "Normandie," anchored off the Isle of Wight.

The closing fortnight of the camping season was disappointing, because of the extremely bad weather that prevailed.

Inadequate accommodation was the greatest handicap, and together with the daily storms, which made outdoor work impossible, further taxed the ingenuity of the staff. Indoor games, competitions with an educational bias, impromptu concerts, debates, lecturettes, first aid lessons and demonstrations, wireless half-hours, community singing and cinema shows were devices by which endeavours were made to keep the children cheerful.

Mud and water predominated, drainage trenches had to be dug, sleeping quarters were at times rendered totally unsuitable because of the damp and the dirt unavoidably carried therein ; but here again the difficulties were bravely met, and, as far as possible, overcome.

Two accidents—a broken collar bone and the loss of two front teeth from an accidental blow whilst at games—and two cases of tonsillitis were the more serious of the medical calls made upon the doctor, but a mysterious outbreak of diphtheria diagnosed among girls returned from the Camp School to Southampton rather marred the school's bill of health. Several minor ailments caused an alarm.

The experiences of September and October call attention to the advisability of permanently-made paths from buildings to cook-house, wash-house, latrines, etc., to ensure a reasonable amount of comfort to wet weather campers. Storage accommodation is also a growing need while the Camp School is in session.

The interest in the Camp School of the Education Committee members, teachers, and parents of children, friends of staffs, is ever growing, and their frequent visits become a feature of Camp evenings and week-ends. The Camp School is well known ; its purpose, its possibilities, its achievements, are almost common knowledge in Southampton, and, with the probability of further development in the near future, its influence will extend.

CAMP SCHOOL, 1935.—SUMMARY OF WEIGHTS.

DATE.	No. of Children weighed.		Boys.			Girls.			Average.	
	Boys.	Girls.	Gains.	Loss.	No Change.	Gains.	Loss.	No Change.	Gain.	Loss.
1. 26 April ... 10 May ...	60	—	41	14	5	—	—	—	1.65 lbs.	.55 lbs.
2. 10 May ... 24 May ...	—	60	—	—	—	60	—	—	3.73 lbs.	—
3. 24 May ... 7 June ...	61	—	38	19	4	—	—	—	1.83 lbs.	1.17 lbs.
4. 14 June ... 28 June ...	—	64	—	—	—	60	4	—	2.28 lbs.	.81 lbs.
5. 28 June ... 12 July ...	—	100	—	—	—	90	8	2	2.17 lbs.	1.65 lbs.
6. 12 July ... 26 July ...	107	—	96	8	3	—	—	—	2.43 lbs.	.9 lbs.
7. 6 Sept. ... 20 Sept. ...	—	100	—	—	—	88	5	7	2.55 lbs.	1.5 lbs.
8. 20 Sept. ... 4 Oct. ...	75	—	49	25	1	—	—	—	1.73 lbs.	1.5 lbs.
	303	324	224	66	13	298	17	9	2.3 lbs.	1.01 lbs.

Total 627

Total gained in weight ... 522
.. lost in weight ... 83

Average gains ... Boys, 1.91 lbs.
Girls, 2.68 lbs.

EPORT OF THE ORGANISERS OF PHYSICAL EDUCATION

for the year ended 31st December, 1935.

BOYS.

The 1933 syllabus has now been in existence long enough to e able to make some general observations. The rate of progress long the newer lines has necessarily been slow in order to maintain good standard of work and also to avoid the danger of suddenly hanging over from one type of work to another. There can be o doubt that as far as the child is concerned the modern physical raining lesson is much superior to its predecessor. Because of he increase in the demands for activity, courage, and skill the hildren enjoy the lessons much better and enter into the spirit the lessons more readily than before. The teacher, too, tends o be more interested, as the exercises and activities particularly hose for older boys, approach nearer to his own standard of hysical effort.

The feature of the lesson which seems to produce difficulties the teacher is that the correction of faults is not so easy as in he earlier type of lesson. This is due to the fact that the present ethod of physical training is characterised by its emphasis on ovement rather than position, and correction of movement is ways more difficult than the correction of position.

Movement is apt to be given a loose interpretation, and it is ere that teachers need guidance and help. All movement must accurate and controlled since it is only through accuracy and ontrol that true development is made. With the older teachers he mechanical drill and formations die but slowly ; the young achers on the other hand show quite a sound appreciation of he type of lesson to employ.

The syllabus has certainly led to a revival of interest in hysical training for boys, and where there is interest one may be asonably certain that there will be attempts to secure the llest benefits for children by means of physical training.

The general standard of physical training is not yet high but here is ample evidence of keenness and enthusiasm on the part the teachers which, in time, must give good results.

It must be noted that there is a marked difference between he teachers who have attended courses and those who have not.

Lesson construction shows improvement particularly in th development of the activity part of the lesson. Many teacher even yet do not understand the full meaning of what is implie by the “ Team System.” Too often the externals of the syste form the only evidence of its understanding and it fails to achiev its full value either for the teacher or for the children.

Much of the value of the work in senior schools is lost throug the lack of halls or physical training rooms. The more advance forms of gymnastics, including as they do many floor exercise vaults, etc., cannot be performed out of doors. Unless schoo possess adequate indoor accommodation many of these strong and more boy-like exercises must be omitted. The lack of a ha places the physical training at the mercy of the weather which i effect means that except in the very fine weather no physic training is taken. A continuous and regularly progressive syste of physical training is therefore impossible.

The important feature of any physical training scheme that it should be regularly applied. Spasmodic efforts in th direction have no effect on the growing child. It is therefo important that the lessons should be taken as often as possibl Class-room activities are a poor substitute for a vigorous lesso but their value is not to be despised.

Most of the teachers are alive to the fact that a jolly vigoro lesson is only possible when performed with as little clothing possible. Development of good posture and good style of mov ment is intimately associated with the wearing of a correct ty of dress.

The provision of an ideal dress in elementary schools w always be difficult and will probably be in the nature of compromise. The chief aim so far has been to encourage t removal of as many clothes as possible and also to encourage t boys to provide themselves with plimsolls. The latter is a diffic problem as there is always a great number of boys, who owing poverty are unable to obtain shoes.

Organised Games.

The value of the organised games lesson should be decid not on the type of game played but on the amount of traini value these games give. Unless the playing area is marked for the particular games and activities most of the training va is lost and the lesson becomes merely the playing of set gam football in the winter and cricket in the summer.

As all the games lessons take place on public recreation rounds and open spaces it must be said that the organisation of ames teaching is not satisfactory. Even for the playing of a ame of football or cricket the conditions are poor. The football nd cricket pitches are laid out for adults and are out of proportion o the capabilities of the boy. It cannot be too strongly mphasised that elementary schools should be provided with laying fields properly maintained and marked out for games ppropriate to the ages of the boys.

EACHERS’ COURSES.

Courses for Junior and Senior Teachers were begun during he year. Owing to lack of numbers the course for Junior Teachers as closed after the third meeting. The Senior course continued uring the winter term with a small attendance. This course being continued in the Spring Term, 1936.

WIMMING INSTRUCTION.

The swimming instruction has continued on lines similar o those of previous years. An allocated number attends from ach school accompanied by a teacher who is responsible for the nstruction. The following table summarises the results of the ummer season (13th May to 27th September) :—

Number of boys attending Baths ...	1,141
Number of attendances made ...	13,101
Average weekly attendance	904
Number of boys taught to swim ...	607

The total attendance of boys for the whole year was 22,989. he number of Certificates awarded by the Southampton lementary Schools Athletic Association (Swimming Section) as 718 as compared with 810 in 1934.

Instruction in Life Saving is the basis of an experiment at resent being tried out with a class of Senior boys. If it s successful it is hoped to extend the teaching of this important ranch to a number of schools.

An important part of the Organiser’s work has been co-peration with and the co-ordination of the work of voluntary ssociations, particularly with regard to the Southampton ederation of Boys’ Clubs and the Juvenile Organisations ommittee.

Fifteen Club classes in physical training are now in existence and it is hoped to extend this number to more than 20 during the 1936 Spring Term.

Three open air demonstrations were held during the summer months. Large crowds of spectators witnessed some interesting programmes. Further displays will be given during the coming year.

It is also proposed to institute classes in physical training and swimming for unemployed adults.

GIRLS.

We have now had two years of the 1933 syllabus, and we are still finding it both stimulating and enjoyable. We shall, however, be very glad when the Board of Education gives us the long-promised syllabus for Senior Girls.

The general standard of the work has improved. Posture before and after each exercise is certainly better, but we want to see this improvement in posture carried into ordinary school work, into the standing, sitting and walking in the school, in the street and at home.

Walking and running have improved, there is less flat-footed, heavy running. Ankles, however, are still stiff resulting in heavy landings. A good deal of ankle bending and stretching must be done, and marking time with ankle flexion and heel raising and lowering rhythmically. When the children are lying on the floor before or after a floor exercise, bending and stretching of ankles and rotating of feet should be given.

It has now become almost traditional that knickers and blouses (woollen jumpers in winter) are worn for Physical Training, and in even the poorest schools the mothers manage somehow to provide the right kind of dress. In the very poor schools soft shoes are the great difficulty and it would seem that it will be necessary for the authority to provide a reserve stock of shoes which can be borrowed.

In a number of schools the teachers are now wearing shorts in the Physical Training lessons. This is not only a good example to the children, but it helps to improve the standard of the work. Exercises can be demonstrated more effectively and the freedom of movement allowed makes the teacher enjoy the lesson more fully, with the result that the children get more value from the work.

APPARATUS.

Five more schools were provided with portable apparatus this year, thus making the total number of schools using apparatus twenty. Two non-provided schools, one having only a mud playground, and one a very small and unsuitable playground, have succeeded in obtaining the use of the Church Hall. This is excellent, and these schools are now provided with forms and mats. It has put new life and zest into the Physical Training of these two schools and we are grateful to the Church Authorities for their kindness.

The apparatus work in general shows improvement. There is more finish and more progression, and in many cases a good deal of care has been taken in obtaining good style and ease and lightness of movement.

In a number of Infant and Junior Schools two or four low forms have been provided for agility work such as bunny jumping, cat spring, walking, running and skipping along. These forms are made very simply with 12 feet of 4in. by 2in. wood, supported by three triangular blocks, the whole being planed and varnished. They vary in height from 5in. to 12in. These simple forms have added much to the delight of the work in Infant and Junior Schools and are found particularly useful in providing vigorous agility work for the active, restless seven and eight year old boys.

A Jungle Gymnasium has been provided for the two nursery classes in one school and a ladder and slide for the nursery class in another school. Both have given great joy and provided facilities for agility work.

POSTURE CLASSES.

So many children were found to be suffering from Kyphosis and Lordosis that it was impossible for all to be dealt with at the Remedial Clinic, so as an experiment we have tried posture classes in three schools. In each school ten girls with very poor posture were chosen and were given certain specified exercises for half-an-hour every morning from 9 a.m. to 9.30 a.m. The girls strip entirely, putting on only a pair of knickers (in one school bathing costumes, as in this school in the warmer weather the work is taken out of doors). The course lasts for three months. At the end of this time the girls are seen by the Organiser, some are passed out, others are retained for further treatment. In one school photographs are taken at the beginning and end of the three months, giving an interesting record of progress. The results in general have been very encouraging. In some cases there has been a very great improvement in posture and general carriage; in other cases the improvement is less marked. Not only has posture improved, but there has been a definite improvement in the alertness and the mentality of the children.

KEEP FIT WORK.

A short course for Keep Fit Leaders was run and an enthusiastic group of teachers attended. The Education Committee bore the cost of printing a Keep Fit Book, a guide to the work to be done.

Work was begun in ten Girls' Clubs and two Evening Institutes. This work has given a new lease of life to the Club and Institute work. The girls, tired from office or factory work, move easily and happily to music. The Girl Guide Leaders' Club took up the work and run an enthusiastic class. Open Keep Fit classes for women have been begun, and numbers have necessitated duplication of classes. We have been requested and have arranged to open two more classes, one in an afternoon and one an evening class. A class for girls from two business houses has been formed and here again the numbers have necessitated the formation of two classes.

There is a group of enthusiastic and tireless teachers who are acting as leaders and the success of the work is due entirely to their keenness and vitality, and to the good work of the pianists who work in co-operation with them.

PROVISION OF MEALS.

The total number of meals served during the year ended December, 1935, was 357,247, an increase of 25,311 on the number for the preceding year. The meals consisted of 98,771 breakfasts and 258,476 dinners.

The total cost of providing the meals for the year was £4,765, the average cost per meal for food only being 1.72d., and the average total cost per meal 3.2d.

The Centres at which the meals were provided are :—

SHIRLEY (Boys' Brigade Hall, Stratton Road).

NORTHAM (Northam Congregational Chapel Schoolroom).

CANAL WALK.

WOOLSTON (Mission Hall, Spring Road).

BURGESS ROAD (Burgess Road Mission Hall).

SHOLING (Sholing Methodist Hall, North East Road).

These Centres supplied meals to the following schools :—

SHIRLEY—Foundry Lane, Regent's Park, Shirley, Springhill, Western District, Shirley Warren C.E., Shirley Warren Temporary, St. Mark's, and Coxford Junior Temporary.

NORTHAM—Northam, Mount Pleasant and Central District.

CANAL WALK—Eastern District, St. John's, Ascupart, St. Joseph's, St. Mary's, Bitterne Park, St. Denys, and Deanery Senior Boys and Girls.

WOOLSTON—Ludlow Road, Station Road, Pear Tree Green, Woolston R.C., Station Road Special, Woolston Boys, Woolston Girls and Infants, Bitterne C.E., and Merry Oak.

BURGESS ROAD—Portswood, Highfield, Swaythling Senior Boys and Girls, Swaythling Junior Mixed, Swaythling Infants, including Joyce Hall, Bassett Green and Burgess Road.

SHOLING—Sholing Boys, Sholing Middle Road, and Merry Oak.

The number of children for whom dinners and breakfasts were provided from all the Centres was 1,644, and these were drawn from the following schools :—

St. John's.	Mixed	48
Central District.	Boys, Girls, and Infants	15
Ascupart.	Boys, Girls, and Infants	43
St. Denys.	Boys, Girls, and Infants	9
St. Mary's.	Girls and Infants	4
Swaythling.	Boys and Girls	82
Swaythling.	Mixed	63
Highfield.	Mixed	6
Portswood.	Boys and Girls	103
Bassett Green.	Infants	71
Western District.	Girls	1
Bevois Town.	Boys, Girls, and Infants	—
St. Mark's.	Mixed	—

Freemantle.	
Boys, Girls, and Infants	—
Eastern District.	
Boys, Girls, and Infants	53
St. Joseph's.	
Boys, Girls, and Infants	27
Northam.	
Boys, Girls, and Infants	158
Mount Pleasant.	
Boys, Girls, and Infants	20
Bitterne Park.	
Boys	4
Foundry Lane.	
Boys, Girls, and Infants	47
Regent's Park.	
Girls and Infants	60
Springhill.	
Girls and Infants	12
Shirley.	
Boys, Girls, and Infants	130
Pear Tree Green.	
Mixed	15
Sholing Station Road Special	30
Merry Oak	63
Burgess Road	37
Sholing Middle Road.	
Girls and Infants	121
Sholing, St. Monica's Road.	
Boys	74

Woolston R.C.	
Mixed	19
Ludlow Road.	
Boys, Girls, and Infants	140
Station Road.	
Mixed	29
Deanery Senior.	
Boys and Girls	59
Shirley Warren.	
Infants	35
Shirley Warren Temporary	27
Woolston.	
Boys	4
Bitterne	19
Coxford	28
Total	1,644

DINNERS (Winter Menus).

First Week—

Monday.	Pea Soup. Currant Pudding.
Tuesday.	Sausages in Batter, Potatoes. Rice Pudding
Wednesday.	Irish Stew. Banana.
Thursday.	Meat Pie, Potatoes. Stewed Prunes.
Friday.	Savoury Potatoes. Apple.
Saturday.	Shepherd's Pie. Orange.

Second Week—

Monday.	Lentil Soup. Jam Roll.
Tuesday.	Shepherd's Pie, Greens. Apple.
Wednesday.	Vegetable Stew. Fig Pudding.
Thursday.	Meat Pudding, Potatoes, Greens. Orange.
Friday.	Haricot Soup, Dumplings. Stewed Fruit.
Saturday.	Minced Beef, Peas. Sago Pudding.

Third Week—

MONDAY.	Irish Stew. Baked Cake Pudding.
TUESDAY.	Savoury Potatoes. Orange.
WEDNESDAY.	Shepherd's Pie, Greens. Stewed Prunes.
THURSDAY.	Hashed Beef, Potatoes. Apple Pudding.
FRIDAY.	Sausages in Batter. Tapioca Pudding.
SATURDAY.	Broth. Treacle Pudding.

DINNERS (Summer Menus).

First Week—

MONDAY.	Boiled Eggs, Lettuce, Tomato and Potato Salad. Banana.
TUESDAY.	Sausages in Batter, Potatoes. Rhubarb, Custard, or Orange.
WEDNESDAY.	Savoury Potatoes. Rice Pudding.
THURSDAY.	Hashed Beef, Potatoes. Apple.
FRIDAY.	Bread, Cheese, Lettuce, Onion and Tomato Salad. Orange.
SATURDAY.	Vegetable Stew. Jam Roll.

Second Week—

MONDAY.	Savoury Potatoes. Sago Pudding.
TUESDAY.	Boiled Eggs, Lettuce, Tomato Salad. Sultana Pudding.
WEDNESDAY.	Minced Beef, Greens. Stewed Fruit.
THURSDAY.	Bread, Cheese, Lettuce, Tomato and Potato Salad. Orange.
FRIDAY.	Sausages in Batter, Potatoes. Apple.
SATURDAY.	Shepherd's Pie. Banana.

NOTES.—Milk Puddings to be varied by the addition of Chocolate (Sugar and Cocoa), Currants, Sultanas, or Raisins, etc. When Stewed Fruit is served, fresh Fruit should be used as often as possible, either alone or mixed with the dried Fruit.

BREAKFASTS.

Winter—

Monday, Wednesday, and Friday.—Porridge with Syrup or Bread and Milk.

Tuesday, Thursday, and Saturday.—Bread, Butter, Jam. Cocoa.

Summer—

Monday to Saturday.—Bread, Butter, Jam. Cocoa.

Note.—Cocoa not to be given when Porridge or Bread and Milk is served.

Method of Selection.

The arrangements for the selection of children to attend the centres remained unchanged.

MALT AND COD LIVER OIL.

The Assistant School Medical Officers recommend malt and cod liver oil where they consider that children would benefit by receiving it. The parents are given the option of serving the malt and oil at home, but if they wish their children to be served at school, enquiries are made into their financial circumstances by the Attendance Department, and the Education Committee then decide whether the cases shall be free or for payment. All children who are served at school receive one teaspoonful of malt and oil each morning and afternoon. Parents who pay for the malt and cod liver oil pay 3d. a week for each child served.

During the year 512 cases have been notified by the Assistant School Medical Officers. Of these, 62 have been served at home, 174 served at the schools for payment, and 276 served at the schools free.

MILK LUNCHES.

Milk lunches are provided daily in all schools. The milk is pasteurised and is served in sealed bottles, each containing one-third of a pint. The milk is taken by the children through drinking straws, new straws being provided each day. As in the case of the meals and malt and oil, the Education Committee decide which cases shall be served free. A supply of milk is often recommended by the Assistant Medical Officer either in conjunction with, or as an alternative to, cod liver oil and malt, where under-nourishment is suspected.

The number of bottles of milk supplied during the year was 1,982,719; 1,560,225 being for payment and 422,494 free.

MENTALLY AND PHYSICALLY DEFECTIVE CHILDREN.

The arrangements for the examination of this group of children remained the same as in previous years.

A point of interest is noticed in the increased number of children recorded in Table III as suffering from Pulmonary Tuberculosis. The Tuberculosis Officer submitted a report on this to the School Clinic (Joint) Sub-Committee, which is re-printed on page 82.

The number of examinations carried out shows a considerable increase, the physical cases predominating.

Details of the examinations carried out are given below :—

Mental Examinations—			
Not Defective	2		
Dull or Backward	38		
Mentally Defective	22		
Notification to Local Authority	14		
Diagnosis Postponed	8		
Re-examinations	21		
		—105	
Physical Examinations—			
Residential Open-air School	104		
Day Open-air School	15		
Ordinary School	58		
Deaf School	2		
Blind School	2		
Epileptic School	9		
Sanatorium School	87		
Others	8		
Re-examinations	46		
		—331	
			—436

SPECIAL SCHOOL FOR MENTALLY DEFECTIVE CHILDREN.

This school, in Porchester Road, has accommodation for 56 children, who, after special examination, have been certified to be incapable of receiving proper benefit from instruction in an ordinary school, but not incapable of receiving benefit from instruction in a Special School.

The necessity for improvement in the accommodation to allow of separate classes for boys (under the supervision of a male teacher) and girls has been mentioned by the Medical Officer.

Medical inspection has been carried out during the year as formerly, and the results of this inspection are detailed below :—

STATION ROAD SPECIAL SCHOOL.

Sex.	Number Examined.	Parents Present.	Defects requiring			
			Treatment.		Observation.	
			Defective Vision.	Debility.	Functional Heart.	Bronchitis.
Girls ...	11	2	3	—	—	—
Boys ...	28	5	1	1	4	1
Totals ...	39	7	4	1	4	1

The number of individual children requiring treatment was :—

Boys	2	
Girls	3	
	—	5

or 13 % of the children examined.

SOUTHAMPTON MENTAL WELFARE ASSOCIATION.

There were 335 Education cases on the books of this Association on the 31st December, 1935, made up as follows :—

Under the age of 14 years.

	Boys.	Girls.	Total.	
Feeble-minded	40	25	65	
Dull or backward	76	39	115	
Unclassified	19	15	34	
			——	214

Over the age of 14 years (and under 16 years).

	Boys.	Girls.	Total.	
Feeble-minded	31	24	55	
Dull or backward	23	40	63	
Unclassified	3	—	3	
			——	121
				——
				335

During the year 630 visits were paid to the homes of children, between the ages of 7 and 16 years, attending Special Schools and Elementary Schools in the Borough. Yearly and half-yearly reports were sent to the Secretary of Education, and copies sent to the School Medical Officer.

New cases and re-applications during the year numbered 15.

The following cases were withdrawn from this section :—

Untraced	13		
Left Southampton	9		
Referred to other Associations	2		
Admitted to Special Residential Schools	5		
Admitted to Sanatoria, Cripple Homes, etc.	2		
Not mentally defective	7		
No further action possible	2		
	—	40	
Placed under statutory supervision		6	
Transferred to general section on attaining the age of 16		13	
		—	59

One of the greatest social problems that has to be faced is that of dealing adequately with the mentally defective, and the retarded or borderline feeble-minded child. These children all benefit greatly from individual instruction, such as can only be found in Special Schools, or small Special Classes in Public Elementary Schools, but, unfortunately, the provision of the former is limited, largely, of necessity, on economic grounds.

It is calculated that only about one-seventh of the estimated number of feeble-minded children in the country are provided for in this respect, and, as a result of this lack of accommodation, a large number of educable defectives evade notification. Compelled to remain in the ordinary classes of Public Elementary Schools, these children, unable to understand and grasp the lessons, soon lose interest in their work, and develop a feeling of failure and frustration, gradually ceasing to make the slightest effort.

When a child finds itself inferior to its fellows, the slowest, the most stupid—this child will be imbued with that sense of something wanting in himself that brings in its train consequences only too familiar to Child Guidance Clinics—excessive lack of self-confidence, secretiveness, sullenness, resentment, and delinquency. Not infrequently the main factor in such situations is the psychological strain due to the inability to meet the demands made upon the child at school and at home, and to the constant reminder of his inferiority to those around him.

One of the most important aims of the Special School and special classes is to remove this sense of failure, and, by giving the child work at which he can succeed, substitute for it a sense of achievement, self-respect, and ability to compete, in some measure, with other children. Here the child will find his own mental level, and with careful treatment, and the growth of confidence in himself, the disorders of conduct are likely to disappear.

It is in these circumstances that the Social Worker can put in valuable work. Too frequently the parents of defective or retarded children ascribe their slackness and little success to deliberate idleness or lack of interest, which they endeavour to stimulate by mockery or " nagging," thereby rendering the home atmosphere intolerable. In such cases it is the duty of the Social Worker to acquaint the parents of the inescapable facts, so that the child, no longer constantly made the butt of unfavourable comparisons with a brighter brother or sister, becomes aware of the parental sympathy, little by little realises he is recognised, and takes a place to which he is made to feel a right in the family circle.

Special education for retarded children cannot bring up the level of achievement to what is normal or average for their chronological age, but it will provide means through which each personality is developed to its fullest extent, and, with the help and tactful guidance of the Social Worker, the child may be prevented from becoming a social misfit, and is rendered able to take his place in the world.

NURSERY CLASSES.

A further Nursery Class was opened at the Mount Pleasant School during 1935, and the provision of further accommodation is proposed. The general atmosphere of these classes is noted to be exceedingly happy, and the number of children in whom beneficial medical treatment was found possible of application leads one to hope that a further extension of this type of class will be gradually effected.

Medical and dental inspection was carried out this year as before. The Medical Officer saw 107 children (47 boys and 60 girls), and 23.3 per cent. were referred for treatment or observation. The defects found were :—

Defect.	Referred for Treatment.	Referred for Observation.
Chronic Tonsillitis	4	4
Tonsillitis and Adenoids	1	–
Defective Hearing	1	–
Otitis Media	1	3
Enuresis	2	–
Bronchitis	3	–
Sub-normal Nutrition	5	–
Impetigo	1	–
Other Skin Disease	2	–
Squint	1	–

The number of individual children requiring treatment or observation was 25.

MEDICAL ADVICE AND TREATMENT.

In the event of the child attending the Municipal Clinic, before treatment is given enquiries are made as to the financial position of the parents or guardians, as in order to comply with Section 81 (1) of the Education Act, 1921, a charge must be made for treatment in accordance with the financial position and the scale of charges approved by the Board of Education.

Particulars of the scale have from time to time been printed in the Annual Report, but in order to ensure that this information may be kept before those interested the particulars are given hereunder :—

(a) Where the income does not exceed £30 per head per annum of the family or household dependent on the income, no charge to be made.

(b) Where the total income of the family exceeds £30, but does not exceed £50 per head per annum, charges shall be made as follow :—

	s.	d.	£	s.	d.
Tonsils and Adenoids (operative treatment of)	10	6			
Two days' maintenance charge at Borough Hospital	13	10			
			1	4	4
Eye Disease (other than refractions)				2	6
Spectacles (provided by parents under the present arrangement).					
Dental treatment (per attendance)				1	0
Minor Ailments—skin diseases, etc. (no charge to be made for the first week)				1	0
X-ray treatment of Ringworm				15	0

(c) Where the income exceeds £50 per head per annum, the charges shall be increased 50 per cent.

Treatment at the Municipal Clinic is offered to all school children, irrespective of whether they attend elementary or secondary schools, and no distinction is made.

The amount of fees received during the year ended the 31st December, 1935, for treatment at the Municipal Clinics was £109 1s. 9d.

APPENDIX.

REPORT ON VARIOUS ASPECTS OF TUBERCULOSIS IN CHILDREN.

As prepared for the School Clinic (Joint) Sub-Committee
by the Clinical Tuberculosis Officer.

It is with pleasure that I welcome the opportunity of expressing some of the most modern views on this aspect of tuberculosis The question of so called " childhood tuberculosis " is a large one and only a brief outline can be given here. Fundamentally " childhood tuberculosis " differs very little from adult tuberculosis, and the use of the term " childhood tuberculosis " is to be deprecated for the following reasons :—

1. Most adults who die of tuberculosis have originally contracted the disease in younger life, most possibly in childhood.
2. Tuberculosis can be contracted at any age. In civilised and particularly urbanised, communities the majority o persons have been infected by the time of adolescence.
3. The term " childhood tuberculosis " is apt to give th impression that tuberculosis in children is different from tuberculosis in adults. This is not the case, although mos of the deaths from tuberculosis occur in adult life. In lik manner death from syphilis occurs many years afte infection.

The Tuberculosis Service as it now stands pursues, on th whole, a reparative rather than a constructive and progressiv policy. The death-rate from tuberculosis has been falling fo many years, even before the discovery by Koch of the tubercl bacillus. In this decline the physician has played only a mino part. There is no evidence that the organism has lost any of it virulence, for when introduced into a tubercle free community i still continues to decimate the population in a very short tim In civilised lands the falling death-rate is due to :—

1. A rising immunity in the population, associated with survival of the fittest.
2. Better conditions of living in all its aspects, and a bette understanding of public health matters in general.

The work in our Sanatoria appears to me to be basicall wrong. Much money and time is spent in patching up damage lungs, and in this connection I refer to the large number of sputu positive cases who throng our Sanatoria. About 80 per cent. sputum positive cases die within ten years, despite the mo up-to-date methods of treatment, and of the remainder only a small proportion are rendered capable of taking their proper place in the activities of the world. Consumption will never be eliminated, and its unfortunate victims should have the best treatment available. However, I feel the aim of a Tuberculosis Department should be directed towards some policy of modifying the ravages of the tubercle bacillus, thereby justifying the inclusion of tuberculosis in the Public Health Service.

The Pathology of Tuberculosis has emerged from the Scylla and Charybdis of the past, and to-day working hypotheses, confirmed by scientific tests, are at our disposal. In order to make this subject more intelligible, a few pathological facts will be given. Broadly speaking, four main ideas influence our conception of tuberculosis. They are :—

1. Primary infection.
2. Secondary and re-infections.
3. Immunity, or the body's power of resistance.
4. The size of the infecting dose, that is, the number of organisms attacking the body at any one time.

A primary infection, as its name implies, is the first infection the body has to encounter. It does not cause tuberculosis, but renders the tissues hypersensitive to subsequent infections. This can be shown by the Mantoux Test, details of which will be given later. Secondary and re-infections will either be successfully overcome by the body or not, depending on the immunity of the body, the size of the infecting dose, and the degree of allergy, or hypersensitiveness, in the body. Immunity and allergy are related, but whether each develops to the same extent in an infected person is a matter of conjecture.

From these few facts it is very easy to imagine what takes place in the body of a child or adult who lives in the same house as a sputum positive case of tuberculosis. Tubercle bacilli usually enter the body by inhalation, and are arrested in the respiratory tract. In this case their presence in the tracheo-bronchial gland is clearly explained. If ingested, they reach the abdomen, and in some cases cause abdominal tuberculosis. The organisms, however, are carried *via* the lymphatic vessels, superior vena cava to the right side of the heart, from which they are pumped to the lungs. The lungs act as filters, and if any number of organisms escape from the lungs the condition of miliary tuberculosis might be set up, although in less severe cases the germs lodge in some other part of the body, and, under the influence of allergy, tend to be localised. Similarly, germs reach the lungs from tuberculosis of the cervical glands. In children the lymph channels in the lung are wide, and the bacilli are swept fairly easily into the tracheo-bronchial glands. In adults the lymph channels in the lungs are more sclerosed, tending to arrest of the organisms in the lung itself. This anatomical difference determines the pathological difference between a tuberculous manifestation in the child and in the adult. Striking proof in support of the above theories has recently been published by Dr. Blacklock. For the last ten years every child who has come to autopsy at the Royal Hospital for Sick Children, Glasgow, has been examined for evidence of tuberculous infection. He examined 2,500 children, whose ages ranged from 1 day to 13 years, and found definite evidence of tuberculosis in 372, or 14.9 per cent. Mantoux tests were done on several children, and in only ten positive reactors could he find no evidence of tuberculosis. Eight of these were under twelve months of age. He found the primary sites of infection were distributed as follows :—

Thoracic	63.4 per cent.
Abdominal	32.4 per cent.
Cervical	8.0 per cent.
Not found	7.0 per cent.

The large preponderance of thoracic tuberculosis might appear surprising, in view of the commonly accepted notion of tuberculosis in children, consisting chiefly of abdominal, cervical, or forms other than pulmonary. Dr. Ghon was able to demonstrate in 92.4 per cent. of children the result of the primary infection in the lung. This lesion tends to heal, leaving a small calcified deposit. Dr. Armand Delille says this type of lesion does not ulcerate and form cavities, but in the X-Ray photographs of a large number of Southampton children appearances of small cavities are seen. Of course, these might have no connection with the original Ghon's tubercle. So far no reference to the ulcero-caseous type of tuberculosis has been made. This is the type usually associated with a positive sputum, leading to the death of the patient in shorter or longer time. It is the culmination of a struggle between the tubercle bacillus and the vital pathological and biochemical forces of the body. Two theories are held as to the causation of this. They are the Endogenous and the Exogenous.

1. THE ENDOGENOUS THEORY.

Dr. Armand Delille believes in this. Owing to some factor, of which there are many, the body immunity is lowered and tubercle bacilli which have lain dormant, perhaps for many years, become reactivated. In support of this idea might be quoted cases where tuberculosis has followed acute infections, such as measles or scarlet fever ; puberty or pregnancy ; or starvation, as was seen in Germany during the war, when fats were difficult to obtain.

2. THE EXOGENOUS THEORY.

This differs from the former in that a recent re-infection is supposed to be implanted on susceptible tissues, and overcoming immunity by virtue of the size of the dose, or a relative weakness of immunity. All children who die of tubercular meningitis probably belong to this group. It also explains many of the problems of contact infection.

The problem of tuberculosis can be considered as a constant conflict between the germs and resistance. That the germ is victorious in too many cases is shown in the following tables of Southampton patients. Statistics show that the mortality from this disease is less in the more residential wards of the town, where better food, better environment, and perhaps less laborious work reflects in the raised immunity.

Table showing sputum positive cases in age groups on the register at the present time—including those who have died since the beginning of the year :—

Age Group	0–16	16	17	18	19	20	21	22	23	24	25	Over 25 Years.
Number ...	21	6	9	19	17	19	21	11	14	13	18	268

The table shows there are 168 sputum positive cases up to the age of 25, compared with a total of 436. This represents 39 per cent. of the total.

Table showing deaths from pulmonary tuberculosis and total deaths in adolescence and young adults :—

	0–5 Years.	5–15 Years.	15–20 Years.	20–25 Years.	Total Pulmonary Deaths from 15–25.
1931.					
Pulmonary ...	3	3	12	19	31
Other forms ...	9	1	—	—	
1932.					
Pulmonary ...	4	2	10	22	32
Other forms ...	10	6	1	1	
1933.					
Pulmonary ...	1	2	5	23	28
Other forms ...	7	8	1	2	
1934.					
Pulmonary ...	1	4	6	20	26
Other forms ...	4	4	—	1	

Year.	Deaths from Pulmonary Tuberculosis between 15–25.	Deaths from all causes between 15–25.	Percentage.
1931	31	77	40%
1932	32	72	44%
1933	28	71	40%

The conclusions to be drawn from the preceding table are :—

1. Children do die from pulmonary tuberculosis, although more die from non-pulmonary forms.
2. From 15–25 years the mortality from non-pulmonary tuberculosis is negligible, while that from pulmonary disease predominates.
3. Nearly one-half of the persons who die between the ages of 15 and 25 years die from pulmonary tuberculosis. This fact alone is sufficient to prove that no stone should be left unturned in the efforts in getting to the root of the disease, and all constructive suggestions should be considered.

The following table shows the number of notifications of pulmonary tuberculosis received, compared with the pulmonary deaths :—

Year.	0–15 Years. Notifications.	15–25 Years. Notifications.	Total Notifications.	Total Deaths 0–25 Years.	Percentage.
1931...	11	101	112	37	33%
1932...	20	92	112	38	33%
1933...	10	63	73	31	42%
1934...	193	152	345	31	9%

With the exception of last year, it is seen that approximately one out of every three patients notified died. It is clear that the earlier manifestations of the disease were not recognised and treated. The policy adopted last year of earlier notification is a step in the right direction.

Tuberculous infection should be contrasted with tuberculous disease. Every adult has been infected in civilised communities, yet many remain in perfectly good health, and only some manifest signs and symptoms of the disease. This remark applies perhaps to the majority of children. On the other hand, tuberculosis might give rise to many and varied clinical pictures. In the following description no reference will be made to non-pulmonary forms of the disease. The usual signs and symptoms encountered are :—

1. Loss of appetite, extending over many weeks or months.
2. Lassitude, disinclination to play, peevishness.
3. Pallor.
4. No gain in weight over a period of months, or perhaps a gain of 1–2-lbs. in 12 months. In a growing child this represents a definite loss of weight.
5. Frequent colds and coughs. As a rule the cough is not associated with sputum, and is commonly described as peffing. Sometimes there is a close resemblance to whooping cough. Children do not expectorate as a rule, and washing out the stomach in a few instances has revealed tubercle bacilli when lung lesions have been suspected.
6. A slightly raised temperature for longer or shorter periods extending over many months.
7. Excessive growth about the age of puberty.
8. Rather prominent veins on the chest wall.

These are, as a rule, all the manifestations of tuberculous disease that are seen in a child. When associated with a positive Mantoux test the diagnosis is confirmed. They are not very startling, and it is easy to see how a child from a bad home can drag on for many months before medical aid is sought. In this connection the value of contact examination cannot be too highly assessed. In a few cases more serious signs are discovered, for example :—

9. Pleurisy with effusion.
10. Pneumothorax.
11. Definite lung lesions with or without tubercle bacilli in the sputum.

THE MANTOUX TEST.

The Mantoux test consists in the injection into the skin of tuberculin. The following facts should be borne in mind.

1. A positive reaction indicated by a red swelling signifies previous infection.
2. In civilised communities nearly every adult gives a positive reaction.
3. At the present state of our knowledge, it is impossible to say whether a positive reaction indicates a healed, quiescent, or active lesion.

Positive reactions may be of all degrees of severity, and vary in diameter from 1 centimetre to 2 or 3 inches. The larger ones usually show vesiculation to a greater or less extent. The reactions are classified as plus 1, plus 2, plus 3, or plus 4, according to the diameter.

The technique employed in the Dispensary consists in the injection into the skin of the left forearm of 0.1 c.c. of Koch's Old Tuberculin, prepared from the human type of tubercle bacillus, in normal saline, to which is added 0.5 per cent. phenol. The dilution used is 1 in 1,000. No other dilution is used. Dr. Hart says this solution gives 4 per cent. error. He tried strengths varying up to 1 in 10, and found with the latter dilution an error of 2 per cent. In a positive case such a strong dose might cause a severe reaction, and as the difference in error is only 2 per cent., the use of the 1 in 1,000 dilution is considered more advisable.

The testing of children with the Mantoux test was suggested in March by the Ministry of Health, and since then about 700 have been done.

1. The children tested are not representative of the child population. Children who attend the Tuberculosis Dispensary do so either at the request of a Medical Practitioner who suspects tuberculosis, or at the request of the Clinical Tuberculosis Officer as contacts of notified cases.

2. Those children who manifest tuberculosis in its more severe forms are now away at the East Anglian Sanatorium, Colchester, and have, therefore, not been tested.

The significance of the Size of the Reaction.

Dr. Tattersall thinks that older children with a plus 3 or plus 4 reaction, which indicates marked hyperallergy, and perhaps better immunity, are in a safer position than children of the same age with a smaller reaction. On the other hand, Dr. Cummins found that South African natives arriving at the Gold Mines in a hyperallergic condition succumbed more quickly than the less allergic ones. Whether British children can be compared with South African natives in this respect is doubtful. The figures of Southampton are as yet too small to make generalisations, but large reactions are seen in moderately healthy older children, particularly after sanatorium treatment.

Prior to commencing the Mantoux test on children, several had been notified on Clinical evidence alone. The following table shows how Clinical evidence is confirmed by the test :—

Negative reactors	5 were notified.
Positive reactors	80 were notified.

It was feared that children were being notified unnecessarily, but the above figures cannot support this view. Of the five notified negative reactors, one was notified in 1927, another by a physician at the Children's Hospital, and three by myself. I cancelled one of these notifications, but in the other two, on purely Clinical evidence, I claim the benefit of the doubt in view of the 2 per cent. error in the working of the test.

In this paper an attempt has been made to prove that :—

1. Tuberculosis in children is a definite entity.
2. The seriousness of adolescent and young adult tuberculosis.
3. By circumstantial evidence, supported by pathology, a relationship between the two. There is no real difference between tuberculosis in the child and the adolescent, except that the former is quiet and apparently harmless, and apt to be overlooked, while the latter usually takes the form of a rapidly fatal disease, uninfluenced by any kind of treatment.

The view is held by the Department that the health of a child, especially if infected by tuberculosis, is one of the most important factors in determining its fate in adolescence. Only in the better homes can a child sick from tuberculosis expect to make satisfactory improvement. The vast majority of Clinic patients on whom the Mantoux test was performed came from the poorer homes of the town, where poverty, overcrowding, and ignorance make even a partial cure an utter impossibility. In these cases nothing short of Sanatorium treatment is of any use.

ELEMENTARY SCHOOLS.

TABLE I.

Return of Medical Inspections, December 31st, 1935.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	2657	
Second Age Group	2016	
Third Age Group	2110	
		6783
Number of other Routine Inspections		127
Total		6910

B.—OTHER INSPECTIONS.

Number of Special Inspections	5265
Number of Re-inspections	20501
Total	25766

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Entrants	642	
Second Age Group	458	
Third Age Group	430	
		1530
Other Routine Inspections		38
Total		1568

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1935.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Skin	Ringworm : Scalp	—	—	22	—
	Body	1	—	30	—
	Scabies	3	—	77	—
	Impetigo	17	—	656	—
	Other Diseases (Non-Tuberculous) ...	40	1	1101	—
Eye	Blepharitis	14	2	45	—
	Conjunctivitis	2	—	23	—
	Keratitis	2	—	2	—
	Corneal Opacities	—	—	—	—
	Other Conditions (excluding Defective Vision and Squint)	7	2	53	12
	Defective Vision (excluding Squint)	196	11	276	121
	Squint	59	4	68	26
Ear	Defective Hearing	101	52	52	8
	Otitis Media	37	3	106	20
	Other Diseases	10	4	48	34
Nose and Throat	Chronic Tonsillitis only	138	312	35	20
	Adenoids only	28	19	27	5
	Chronic Tonsillitis and Adenoids ...	176	140	169	13
	Other Conditions	32	12	237	76
Enlarged Cervical Glands (Non-Tuberculous)		16	21	11	1
Defective Speech		26	12	28	9
Heart and Circulation	Heart Disease : Organic	11	8	3	9
	Functional	20	180	1	1
	Anæmia	18	8	4	—
Lungs	Bronchitis	151	222	22	9
	Other Non-Tuberculous Diseases ...	16	9	10	9
Tuberculosis ...	Pulmonary :				
	Definite	3	—	1	—
	Suspected	33	1	2	—
	Non-Pulmonary :				
	Glands	—	1	—	—
	Bones and Joints	2	—	2	—
	Skin	—	—	—	—
	Other Forms ...	2	2	—	—
Nervous System	Epilepsy	4	4	3	3
	Chorea	7	6	11	11
	Other Conditions	9	8	1	2
Deformities ...	Rickets	7	—	—	—
	Spinal Curvature	89	69	40	2
	Other Forms	93	83	104	29
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		166	27	635	451
Totals		1536	1223	3905	871

TABLE II.—Continued.

B.—Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	2657	580	21.85	1860	70.0	210	7.9	7	0.25
Second Age Group	2016	237	11.80	1545	76.6	230	11.4	4	0.20
Third Age Group	2110	406	19.25	1570	74.4	131	6.2	3	0.15
Other Routine Inspections ...	127	34	26.80	78	61.4	13	10.2	2	1.60
Total ...	6910	1257	18.20	5053	73.1	584	8.45	16	0.25

TABLE III.

Return of all Exceptional Children in the Area.

BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
4	—	—	—	4

PARTIALLY SIGHTED CHILDREN.

Children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision are not to be included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	10	—	2	1	13

DEAF CHILDREN.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
10	—	—	—	10

TABLE III.—Continued.

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
—	9	—	2	—	11

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and no being merely dull or backward, are incapable by reason of mental defect o receiving proper benefit from the instruction in the ordinary Public Elementar Schools, but are not incapable by reason of that defect of receiving benefi from instruction in Special Schools for mentally defective children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
66	23	13	21	123

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children are included who are epilepti within the meaning of the Act, *i.e.*, children who, not being idiots or imbeciles are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	2	2	—	10

TABLE III.—Continued.

PHYSICALLY DEFECTIVE CHILDREN.

Physically Defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

A.—TUBERCULOUS CHILDREN.

In this category are placed only cases diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment are recorded as crippled children, provided that the degree of crippling is such as to interfere materially with a child's normal mode of life. All other cases of tuberculosis regarded as being no longer in need of treatment are recorded as delicate children.

I.—Children Suffering from Pulmonary Tuberculosis.

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
38	259	6	26	329

II.—Children Suffering from Non-Pulmonary Tuberculosis.

(This category includes tuberculosis of all sites other than those shown in (I) above.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
10	48	5	5	68

B.—DELICATE CHILDREN.

Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
42	57	—	—	99

TABLE III.—Continued.

C.—CRIPPLED CHILDREN.

Children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
14	99	—	—	113

D.—CHILDREN WITH HEART DISEASE.

Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	1	—	4	7

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Children suffering from any combination of the following types of defect :—

Blindness (excluding Partially Sighted Children).
Deafness (excluding Partially Deaf Children).
Mental Defect (Feeble-minded).
Severe Epilepsy.
Active Tuberculosis.
Crippling (as defined in Section C above).
Heart Disease.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Epilepsy and Cripple	1	—	—	—	1
Feeble-minded and Cripple	2	—	2	—	4
Feeble-minded and Active Tuberculosis	1	—	—	1	2

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1935.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding uncleanliness, for which see Group VI).

Defect or Disease. (1)	Number of Defects treated, or under treatment during the year. Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp—			
(i) X-Ray Treatment ...	12	—	12
(ii) Other	10	—	10
Ringworm—Body	30	—	30
Scabies	80	—	80
Impetigo	658	5	663
Other Skin Diseases ...	1086	11	1097
Minor Eye Defects ... ... (External and other, but excluding cases falling in Group II.)	135	1	136
Minor Ear Defects	213	6	219
Miscellaneous ... ... (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	1220	80	1300
Totals	3444	103	3547

TABLE IV.—Continued.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease. (1)	No. of Defects dealt with.			No. of children for whom spectacles were			
	Under the Authority's Scheme *(see note b).* (2)	Otherwise. (3)	Total. (4)	Prescribed (1)		Obtained (2)	
				(i) Under the Authority's Scheme	(ii) Otherwise.	(i) Under the Authority's Scheme.	(ii) Otherwise.
Errors of Refraction (including squint) ... ... (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	634	32	666	429	26	424	26
Other Defect or Disease of the Eyes (excluding those recorded in Group I).	2	—	2	—	—	—	—
Totals	636	32	668				

TABLE IV.—Continued.

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.													
Received Operative Treatment.												Received other forms of Treatment. (4)	Total number treated. (5)
Under the Authority's Scheme, in Clinic or Hospital (*see note b*). (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
22	12	258	15	2	2	14	—	24	14	272	15	438	763

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.
(iv) Other defects of the nose and throat.

Group IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopædic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopædic clinic. (iii)	
Number of children treated	13	34	267	—	2	4	273

TABLE IV.—Continued.

Group V.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

	Age.		
Routine Age Groups	5	3440	Total ... 29787
	6	3073	
	7	3017	
	8	3016	
	9	3281	
	10	3379	
	11	3270	
	12	3171	
	13	3062	
	14	1078	

Specials 2791

Grand Total ... 32578

(b) Found to require Treatment 18331

(c) Actually Treated 9076

(2) Attendances made by children for Treatment ... 14346

(3) Half-days devoted to : Inspection 143, Treatment 1913 ... Total 2056

(4) Fillings: Permanent Teeth ... 5941, Temporary Teeth ... 43 ... Total 5984

(5) Extractions: Permanent Teeth 2856, Temporary Teeth 10584 ... Total 13440

(6) Administrations of General Anæsthetics for Extractions 2122

(7) Other Operations: Permanent Teeth 493, Temporary Teeth 136 Total 629

Group VI.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per School made during the year by the School Nurses 19

(ii.) Total number of examinations of Children in the Schools by the School Nurses 59718

(iii.) Number of individual Children found Unclean ... 1652

(iv.) Number of Children Cleansed under arrangements made by the Local Education Authority ... 293

(v.) Number of cases in which Legal Proceedings were taken :—

(a) Under the Education Act, 1921 ... ... —

(b) Under School Attendance Bye-laws ... ... —

SECONDARY SCHOOLS.

Medical inspection was carried out, as usual, at Taunton's School and King Edward VI School, and there were no findings to occasion special remark.

At Taunton's School the general lay-out of the School and the arrangements for medical inspection are excellent. The lack of facilities for treatment of speech defects has been noted in connection with this as well as other Secondary Schools.

The medical inspection of girls attending the Itchen Secondary School is now carried out by a lady Medical Officer, who will also examine the pupils at St. Anne's School when medical inspection is commenced in 1936.

More detailed reports on the work carried out at the Girls' Grammar School and Itchen Secondary School are appended.

GIRLS' GRAMMAR SCHOOL.

Medical inspection is carried on at the Girls' Grammar School as before, except that after the main entry of new scholars in September, an effort was made to see all entrants within two months of admission.

Some special place holders had been examined before admission, but the results were not available in time. Very few records from the Elementary Schools were available so soon.

On the whole the standard of physique of entrants is improving, and the teeth are better cared for. Malnutrition is diagnosed in a few cases where parents are struggling to secure a secondary education, or where home circumstances are difficult, *e.g.*, through illness of the mother.

The skin condition which spread in 1934 has been brought under control.

The mothers attend well, and advice is given concerning the girls' home conditions, home lessons, extra work, hours of sleep, and, where necessary, the special difficulties that arise at puberty.

In the new building provision will be made for special rooms for inspection, remedial gymnastic treatment, and first aid. It is still difficult to secure medical treatment where advised, especially treatment by the oculist, as glasses are not popular. Dental treatment also is often postponed unduly.

ITCHEN SECONDARY SCHOOL.

BOYS.

Routine medical inspection was carried out during the year With increased co-operation between the school and the medica department, there has been greater facility in the adequate supervision of the pupils. The general health of the school is good but there is a slight tendency to minor degrees of spinal curvatur in some of the older boys, which in all probability could be mor easily remedied if there was proper gymnasium equipment There are also a certain number of speech defects, considerabl in some cases. In view of the fact that the voice may b extremely important in the future life of so many of thes adolescents, a speech class for secondary school children is o the utmost necessity. It is to be hoped that this deficiency wil be made good in the near future.

GIRLS.

The parents of the girls due for medical inspection in 193 shewed a keen interest in the welfare of their children, whos health on the whole was satisfactory. A few scholars studyin for examinations were developing speech defects. It seem useless to advise their parents to seek private advice from speech specialist, when one realises that many are hard put t find the necessary school fees and make financial ends meet The underlying anxiety, because the girls know how much i depending on their examination result, is largely responsible fo the speech defect, and it is to be hoped that the Educatio Committee will see their way to arrange for a special class at th Speech Clinic in the near future.

SECONDARY SCHOOLS.

TABLE I.

Return of Medical Inspections during the Year ended 31st December, 1935.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—		
Entrants	287	
Intermediates	273	
Leavers	196	
		756
Number of Special Inspections	26	
Number of Re-inspections	224	
		250
Total		1006

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1935.

Defect or Disease.	Routine Inspections. Number of Defects Found Requiring Treatment.	Requiring Observation.
Skin—Other Diseases	4	—
Eye—		
Defective Vision	62	2
Blepharitis	2	—
Other	1	—
Ear—		
Defective Hearing	5	2
Otitis Media	1	—
Other Diseases	3	—
Nose and Throat—		
Chronic Tonsillitis	3	4
Chronic Tonsillitis and Adenoids ...	2	2
Other Diseases	4	3
Defective Speech	5	3
Heart Disease—		
Organic	1	3
Functional	2	7
Anæmia	—	1
Lungs—		
Bronchitis	—	4
Other Non T.B.	—	2
Deformities—		
Spinal Curvature	7	4
Other	12	5
Other Diseases or Defects	4	1

TABLE II.—Continued.

B.—Number of Individual Pupils found at Routine Medical Inspection to require Treatment (excluding uncleanliness and dental diseases).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups :			
Entrants	287	49	17.1
Intermediates	273	39	14.3
Leavers	196	23	11.7
Total (Code Groups) ...	756	111	14.7

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1935.

Group II.—Defects of Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments).

Defect or Disease. (1)	Number of Defects dealt with.		
	Under the Authority's Scheme. (2)	By Private Practitioner or Hospital apart from L.A.'s Scheme. (3)	Total. (4)
Errors of Refraction (including Squint)	32	38	70
Other Defect or Disease of the Eyes	—	—	—
Totals	32	38	70

Total number of Children for whom Spectacles were prescribed :

(a)	Under the Authority's Scheme	24
(b)	Otherwise	29

Total number of Children who obtained or received Spectacles :

(a)	Under the Authority's Scheme	24
(b)	Otherwise	29

Group III.—Treatment of Defects of the Nose and Throat.

Received Operative Treatment.			Received other forms of treatment. (4)	Total treated. (5)
Under the Authority's Scheme in Clinic or Hospital. (1)	Otherwise. (2)	Total. (3)		
—	4	4	3	7

TABLE IV.

Secondary School Children treated in 1935.

Group IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

	Age.			
Routine Age Groups	9	13	Total	2058†
	10	71		
	11	266		
	12	325		
	13	329		
	14	342		
	15	351		
	16	209		
	17	104		
	18	40		
	19	8		
Specials				118
			Grand Total	2176

(b) Found to require treatment 822

(c) Actually treated 352

(2) Half-days devoted to : { Inspection 8, Treatment —† } ... Total 8

(3) Attendances made by Children for Treatment 629

(4) Fillings { Permanent Teeth 573, Temporary Teeth — } ... ... Total 573

(5) Extractions { Permanent Teeth 200, Temporary Teeth 55 } ... Total 255

(6) Administrations of General Anæsthetics for Extractions 36

(7) Other Operations { Permanent Teeth 37, Temporary Teeth — } ... Total 37

† Inspection was carried out in Secondary schools, but no special essions were devoted to treatment.

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